# TASC 2/JSI ANNUAL REPORT

October 2003 to September 2004

**Submitted by**
**John Snow, Inc. (JSI)**
**1616 North Fort Myer Dr.**
**Arlington, VA 22209**

**TABLE OF CONTENTS**

# TASC 2/JSI ANNUAL REPORT
# October 2003 to September 2004

**Summary**

As of September 30, 2004 JSI is managing eight Task Orders, four of which have been continuing from Task I period and four were awarded during the first year of TASC 2 period. The two newest Task Orders from Albania was just awarded at the end of September. The Task Orders that have been continuing since the TASC I period are:

1. Russia - Maternal and Child Health Initiative
2. Ukraine - Maternal and Infant Health Project
3. South Africa - Logistics Management Technical Assistance
4. Dominican Republic – Assistance and Support to the Vulnerable Children of the Dominion Republic

The new Task Orders awarded under TASC II are:

1. Global - Preventing the Medical Transmission of HIV-Reducing Unsafe and Unnecessary Injections in Selected Countries of Africa and the Caribbean. This project is working in four countries: Ethiopia, Mozambique, Nigeria, and Uganda.
2. Djibouti - Expanded Coverage of Essential Health Services in Djibouti
3. Ukraine Maternal and Infant Health Project (Expansion of the SOW of earlier Task Order)
4. Albania – Albania Family Planning Activity.

The activities under these Task Orders are progressing as planned. The Albania project just started in October 2004.

**Task Proposal Requests**

JSI responded to six Task Order Proposal Requests during this year and won four as mentioned above.

**Awards**

The following table provides the details of the Task Orders JSI is currently implementing.

**Task Orders awarded to JSI, as of September 2004**

| Task Order # | Country | Ceiling | Obligation to Date | Remaining Obligations | Completion Date | Comments |
|---|---|---|---|---|---|---|
| Task Orders continuing from TASC I | | | | | | |
| 806 | South Africa | $5,597,890 | $5,597,890 | 0 | Apr. 2004 | On going |
| 811 | Dominican Republic | $908,800 | $908,800 | 0 | June 2004 | Completed |
| 812 | Ukraine | $4,993,783 | $4,108,344 | $885,439 | Sept. 29, 2006 | On going |
| 813 | Russia | $7,799,023 | $7,630,000 | $169,023 | Sept. 7, 2006 | On going |
| **Task Orders awarded under TASC II** | | | | | | |
| 800 | Djibouti | $9,195,958 | $9,195,958 | 0 | | On going |
| 001 | Global | $3,932,002 | $3,932,002 | 0 | Jan. 2005 | On Going |
| 801 | Ukraine | $ 999,996 | $ 544,700 | $455,296 | Sep. 2006 | Began in Oct. 2004 |
| 802 | Albania | $1,000,000 | $1,000,000 | 0 | Sept. 2006 | Began in Oct. 2004 |
| **Total** | | $34,427,452 | $32,917,694 | $1,509,319 | | |

**Problems Encountered**

There is a great deal of variety in the detail with which TASC Orders are defined. Some are very broad, which at times leads to a need for clarification of priorities.

**PROGRESS OF ACTIVITIES UNDER TASK ORDERS**

## DJIBOUTI: EXPANDED COVERAGE OF ESSENTIAL HEALTH SERVICES PROJECT (PECSE)

The three-year Expanded Coverage of Essential Health Services Project (PECSE) has started in May 2004. This is USAID's first health sector project in Djibouti. This project is designed to support the Djibouti health reform and to expand coverage of essential health services, especially in the rural areas. The project aims to reduce maternal and child morbidity and mortality.

One of the first project activities was to work with the Ministry of Health (Unite de Gestion des Projets — UGP), to develop a three-year Work Plan that reflects project's statement of work and the five year workplan of the MOH as well as the work of other stakeholders. The process involved holding a series of workshops and field visits by the members of the MOH and JSI team. As a result of the workplan the project's staffing plan was revised. A Performance Monitoring Plan was developed with MOH to track project as well as MOH performance. The JSI team provided technical assistance to the MOH officials in health information systems.

Strategies for community mobilization and BCC, as well as for training of health post staff, were drafted and discussed with the MOH and other implementing partners including the Training Center. The Manoff Group has conducted a community assessment to determine how to improve community mobilization for expanding the access to quality health services and provided technical assistance to the MOH on social mobilization and conducting research for developing set of radio spots. JSI is also examining existing community health programs implemented by NGOs and WHO to identify an effective model that is able to improve access to services as well as chance sustainability. Local NGOs and consulting groups with expertise in the health sector, community mobilization and in research have been identified, and JSI is exploring various ways to work with and/or support local partners such as these. PECSE hopes to find additional, local partners in outlying areas as we begin to identify partners for community mobilization in each district. Discussions were held with the National Union of Women (UNFD) on involvement in mobilization efforts in district capitals.

JSI helped the MOH to establish a donor coordination mechanism despite initial MOH resistance. This resulted in a discussion between the MOH and the donors about the issues of human resources and the mechanism for partner coordination. JSI has expanded its coordination efforts to the PVOs and NGOs in the country and with the USAID-funded EQUIPE I/AIDE project in the education sector. JSI and the EQUIPE I/AIDE project have determined to coordinate in improving health messages in school curricula and in developing new ways to integrate specialized messages on HIV/AIDS. The EQUIPE I/AIDE Project has established a scholar radio program (broadcasted by the national radio and television RTD) in Djibouti and JSI is planning to collaborate with them to develop more health oriented programs.

The PECSE project is tasked with the renovation of select healthy facilities. With the World Bank support the MOH has already conducted partial assessment of the rehabilitation and equipment needs of the facilities. JSI will complete this assessment to identify the technical needs including water, sanitation, and electrical installation. Since the US Army is involved in the rehabilitation of health facilities JSI is in discussions with the army concerning which of these facilities the US army will renovate. By late September, renovation requirements of four

hospitals and nineteen health posts in five health districts outside of Djibouti Ville were identified. Detailed plans were drawn up for the first group of facilities, primarily in Obock and Ali Sabieh Districts. The process to award renovation contracts for three sites is in the final stage.

JSI has worked closely with WHO and MOH to finalize a minimum package of essential services, especially for the district hospitals and rural health posts, which was validated in a workshop of health experts. A plan has been developed to ensure an effective delivery of essential package of services and to provide training to the service providers and managers. This will. However, require improving the training facilities. An assessment of the National Center for Training Health Professional (NCTHP) has been conducted, which will serve as the basis for improvement of NCTHP.

## DOMINICAN REPUBLIC: ASSISTANCE AND SUPPORT TO THE VULNERABLE CHILDREN OF THE DOMINICAN REPUBLIC

This project, tasked to develop models for direct services benefiting vulnerable children and families living with HIV/AIDS, has ended in June 2004. It began with a situation analysis, using the methodology of the Global Orphan Project "3-Stage Risk of Displacement Model," to estimate the number of children in Dominican Republic, aged 0 to 14, who:

- Have mothers living with HIV who are asymptomatic (primary stage of risk of displacement); or
- Have mothers living with AIDS who are symptomatic (secondary stage of risk of displacement); or
- Are already orphaned by AIDS (tertiary stage of risk of displacement) and the proportion of children at risk of being orphaned and displaced who are also HIV-positive.

The findings indicate that in Dominican Republic an estimated 58,000 children aged 0 to 14 are at risk of being orphaned and displaced from their families due to deaths of their parents from HIV/AIDS. Less than 20 percent of these children are HIV-positive. Of the estimated 58,000, more than 2,800 children are already orphaned due to AIDS; the remaining 55,000 children will be orphaned within 5 to 10 years. Thus, 1 out of every 50 children is at risk of being orphaned and displaced. The added responsibilities and costs of caring for orphaned children will burden one out of every 47 women aged 15 to 69.

To raise people's awareness of the gravity of the problem, community mobilization workshops were conducted nationwide with the involvement of the private, public, and social sector organizations. Seven (7) innovative pilot activities were undertaken using community and social mobilization models which can be categorized as following:

- Family and community groups unite and identify the needs and provide care and support for vulnerable children;
- Testing techniques of family case management, micro-credit, and micro-enterprise; and

- Communities support activities for vulnerable children that involve networks of people living with AIDS, parochial systems, public and private pediatric clinics, NGOs, faith-based organizations (FBOs), and special needs education programs.

**KEY ACCOMPLISHMENTS**

- Direct services (medical, psychological, educational, legal, food, clothing, etc.) were delivered to over 2,100 vulnerable children during this project. An additional 1,000 families affected by AIDS (including 2,000 children) benefited from micro-enterprise and micro-credit programs. An additional 4,000 mothers and their children, enrolled in the mother-to-child-transmission prevention program, were benefited from community support models implemented during 2004. All of the 58,000 children affected by AIDS benefited from stigma reduction campaigns using mass media and billboards and through school theater strategies.
- Provided guidance, technical assistance, and education regarding vulnerable children issues to more than 150 national, international, private sector and local organizations operating in the Dominican Republic.
- Geographic information systems mapping for all regions and provinces was completed for mapping of children at risk of displacement through strategic geographic information system (GIS). This helps guide all follow-on activities.
- Policy and legal analyses were completed identifying several important gaps in legal coverage for children affected by AIDS, especially those without birth certificates.
- Innovative community awards were introduced. The theme of the First such award was "Dominican Private Sector in Solidarity with Vulnerable Children". Participation included over 100 representatives of the private sector, diplomatic community, and in-schools children affected by AIDS (OVC), religious organizations, NGOs, universities and governmental agencies. Trophies were presented to private individuals and corporations for solidarity with OVC and achievement of significant advances for the Dominican Republic. The US Ambassador Mr. Hans Hertell, local celebrities, and business leaders were present in the award ceremony. Private sector resources donated for this event totaled over US $30,000. The event was the first of its kind in the Dominican Republic, sensitizing the public to the issues and needs of OVC, promoting anti-stigma for people living with AIDS and encouraging a strong private sector response.

The project has developed a number of tools and materials that include the following:

- 3-Stage Risk of Displacement Model-a survey tool to estimate the number of AIDS orphans;
- Community Mobilization Model for Child and Youth Programs;
- Pilot activities and community grants award model;
- Orphanage, child service, and pediatric center site interview protocol; and
- "Logistics 2010" software and training program for prevention of mother-to-child-transmission community logistics support.

The Maternal and Child Health Initiative (MCHI) is a follow on of the Women and Infant Health (WIN) project that has been working in Russia since June 1999. The WIN project has successfully implemented activities to improve the effectiveness of maternal and child health services by improving the quality of care provided by obstetricians/gynecologists, neonatologists, pediatricians, midwives, and nurses. The project interventions included promoting family-centered maternity care, essential care for the newborn, exclusive breastfeeding, client-centered family planning services, especially for postpartum and post abortion clients. The project was implemented in three cities of two oblasts: Perm, Berezniki and Velikiy Novgorod.

The follow on three–year Maternal and Child health Initiative began its first year of implementation in September 2003 under TASC I. The purpose of the project is to ensure the adoption of internationally recognized MCH standards and practices by targeted health facilities in Russia and replication of successful interventions under the WIN Project to additional regions.

The project will increase the use of improved health and child welfare practices increase the use of modern contraceptives by increasing access to reproductive health services and information for men and women, and introducing youth-friendly comprehensive reproductive health services. The project will also implement Hepatitis B vaccination program for adolescents and Prevention of Mother-to-Child-Transmission (PMTCT) program.

### 1. Comprehensive Replication Strategy Development

The project activities began with a Strategic Planning Meeting (October 2003), where contract deliverables were developed, such as: *three-year work plan, strategic plan, MCHI replication strategy, and regional selection plan*, which were submitted and approved by USAID/Russia in December. The comprehensive replication strategy is based on team building and inter-sectoral collaboration; training of medical providers on evidence-based medicine, client-centered services; collection and analysis of data to track the implementation of new practices; and disseminating new information to create demand on new practices. The Project was officially launched at a conference in Perm in February 2004, which oriented the new regions to the MCHI Project and initiated development of regional work plans based on assessed need(s).

Ten regions were initially chosen (including the 2 former WIN regions) from 39 applications, on a competitive basis using specific selection criteria. Following a contract modification, which increased the Project funding level and expanded the SOW, 2 additional regions (in the Far East) were added, bringing the total number of intervention regions to 14. Work with MCHI teams within the selected regions began in January 2004. Agreements on technical assistance and cooperation were signed between MCHI and 12 Regional Health Care Administrations. Health authorities in the newly selected regions identified people who would be responsible for implementation of MCHI in their own region, including monitoring and data collection, and

Regional Coordinators were selected. These people formed Regional Coordinating Teams (RCT).

## 2. Training activities:

Representatives from 12 MCHI sites participated in the training on Standards and Principles of Organization of Infection Control in Maternities in March 2004, in Saint-Petersburg. Training activities in the regions started in May, 2004. In total 515 health providers were trained at 13 training courses that included the following:

- Reproductive Health and Family Planning TOT in May
- Family Planning Training in May, June, and September.
- Breastfeeding Counseling Training in May, June, September and November.
- Family Centered Maternity Care (FCMC) in June, August, November and December.
- Neonatal Resuscitation Training Course in October.
- The Antenatal curriculum was revised in September
- The core group of MCHI trainers was increased for Family Planning, Breastfeeding and FCMC technical areas.

## 3. PMTCT:

Information on current health indicators in Russia, treatment and counseling issues of HIV-infected and infection control standards on HIV/AIDS was collected, reviewed and summarized. A Workshop on Prevention of Mother to Child HIV/AIDS Transmission in MCHI regions was held in September. The workshop brought together key players in the PMTCT field from MCHI sites and experts. Strengths and limitation of the current PMTCT services in the regions were identified, policies and procedures needed to support PMTCT in MCHI regions were discussed and recommendations for strengthening services and improving PMTCT practice were provided. The Breastfeeding Counseling/HIV/AIDS Prevention Curriculum was revised. Data colleted in the facility-based survey on HIV counseling and prevention was presented at the Russia National HIV/AIDS conference in September. A set of handouts for MCHI consultants and trainers was developed.

## 4. Monitoring and Evaluation (M&E):

A monitoring and evaluation (M&E) plan was developed and submitted to USAID/Russia which defines a strategy/system for data collection and sets indicators to measure each result to be achieved. A plan for facility survey and questionnaires and M&E forms for follow-up visits were developed. MCHI M&E workshop was conducted in March 2004 to introduce MCHI M&E system to representatives from the Project's new sites and to train participants on the standard technique of facility-based surveys and SPSS software for data entering and cleaning. MCHI Baseline Facility-based survey began in March 2004. The members of MCHI Interregional Working Group with a representative of MCHI staff visited the sites to help in policy development, conduct facility-based survey and needs assessment including review of medical records and observations in facilities, and to discuss and finalize a draft of the MCHI implementation plan in each region. MCHI Baseline Facility-based survey was finished in May and final analysis began in June 2004. The data was sorted and reported by region and as a

composite for all intervention regions. The data base represents responses from over 17,000 clients. A draft report of the baseline survey findings was submitted to USAID in August.

**5. Collaboration with Russian Society of Obstetrician & Gynecologists (RSOG)**

Russian Society of Obstetrician & Gynecologists (RSOG) is a registered NGO and non-commercial professional membership organization of medical practitioners, researchers, medical school/university faculty and health administrators who work in the areas of obstetrics, gynecology, and perinatology has been chosen to be a key partner for MCHI implementation. Team-building meetings were held with them to discuss the strategy for collaboration between RSOG and MCHI, both at the national and regional levels and a preliminary work plan was developed. RSOG members became part of the Regional Coordinating Teams and MCHI Interregional working group, as well as participated in site-visits. Russian master trainers included RSOG members. A memorandum of understanding between the RSOG and JSI was signed.

An organizational capacity assessment was conducted, which resulted in a proposal to RSOG outlining areas for capacity improvements. These include developing guidelines, providing training support, initiating a pilot program with regional branches of RSOG and writing articles for publication in the Society's Journal.

**6. Collaboration with Other Projects and Organizations:**

The MCHI has been collaborating with a number of organizations. These include the Healthy Russia 2020 Project (HR) implemented by John s Hopkins University (JHU), AIHA, Federal Scientific Center for Prevention of MTCT/HIV (St. Petersburg), Humanitarian Action Project and Elizabeth Gleiser Foundation, Early Intervention Institute (EII), Vishnevskaya - Rostropovich Foundation to implement a two-year Hepatitis B vaccine program for adolescents in one region in the Far East. In addition, a memorandum of collaboration with "Saint-Petersburg School of Perinatal Medicine and Reproductive Health" was signed. The JSI/Maternal and Child health Project in Ukraine participated in the Antenatal curriculum revision workshop in June, 2004.

## SOUTH AFRICA: LOGISTICS TECHNICAL ASSISTANCE

This Task Order was designed to provide long and short-term technical assistance to the South African National Department of Health (NDOH) and NGOs to establish an effective and efficient procurement, distribution and monitoring system for male and female condoms. The central feature throughout this activity is to build the capacity at national and provincial levels, within the DOH, to design, maintain, and utilize an effective logistics system.

The key Activity Areas for this reporting period were the following:

**Condom Distribution/Logistics Management Information Systems (LMIS) Training**

The project team provided technical assistance to the NDOH in the distribution of 241,695,000 male and 1,151,000 female condoms to the primary distribution sites that the NDOH is responsible for. The following table shows the condom distribution by quarter.

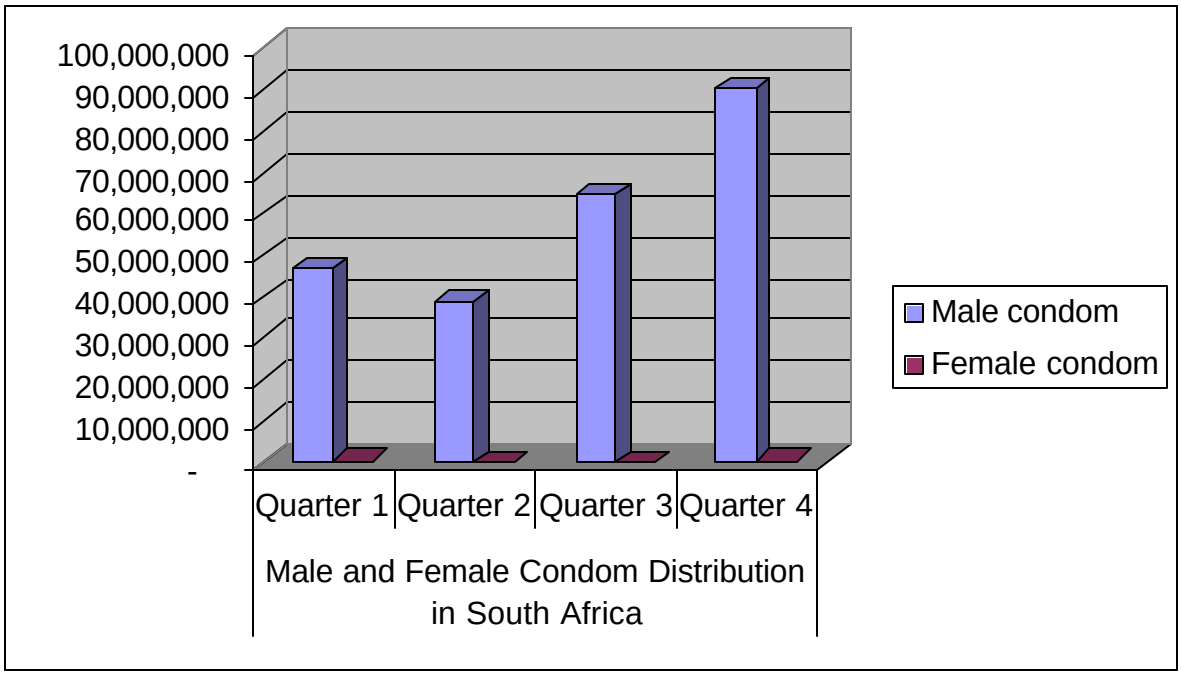



**Figure 1: NDOH Male and Female Condom Distribution by Quarter (Oct. 2003 to Sep. 2004)**

A total of 481 supply and clinical staff were trained in logistics and LMIS during this reporting period. In addition, an LMIS workshop was held for 9 SANDF and 5 Correctional Services staff.

The LMIS team completed an analysis of a 30% sample of bin cards from primary distribution sites to gain a better understanding of what category of secondary and tertiary sites are serviced by the primary sites. Findings indicate that 54% of condoms issued from primary sites on a national basis go to the public sector, 25% to community outreach projects, 8% each to private sector and NGOs, and 5% to parastatals.

**Patient Tracking and Information Systems for the ART Roll Out**

In late 2003, the Chief Director, HIV/AIDS & TB requested the logistics unit to look into IT system available within South Africa that could assist the NDOH in the pending national ART roll out particularly in terms of providing mandatory reporting indicators so that program managers and policy makers could reliably monitor implementation on an ongoing basis.

During the reporting period, a proof of concept was developed to apply an existing technology - a combination of biometrics (fingerprinting) and smart cards already in use in South Africa to

disburse approximately 5 million social grants and pensions - to the ART environment both for a static and mobile outreach setting. During the development of the proof of concept, collaboration began with the Catholic Relief Services (CRS), also an Emergency Plan funding recipient, as CRS is in need of assistance in developing an information system that will enable them to adequately monitor their ART roll out program and generate mandatory Emergency Plan and NDOH indicators on a continuous basis.

A great deal of consensus building was achieved during the reporting period through demonstrations of the proof of concept to USG partners in Pretoria (including US Embassy and CDC) and from USAID/W Global Health office, JSI senior staff including the DELIVER project Director, Deputy Director for Field Services, and Senior Advisor for Partnership Development, and the South African Medical Association and the Foundation for Professional Development. The biometrics/smart card solution was presented to the international CRS meeting at the Park Plaza Hotel, May31-June1, in Rosebank, Johannesburg.

On July 17th, the BSC field test commenced at the CRS/SACBC Sizanani clinic. Of the 118 patients on ARVs, 35 were registered on the smart card system. Clearly this was a cutting edge technology. Although there is a great deal of general interest in smart cards, this was the first actual application of the technology in a clinical ART setting. As such field test staff anticipated a steep learning curve. One lesson learned that became apparent almost immediately is that existing systems of patient records, filing systems, and basic database technology were very rudimentary and it became necessary to provide IT support to Sizanani in preparation or in addition to the BSC technology. This same issue became evident at Kalafong Hospital, a government site receiving Emergency Plan funding in support of the roll out of the ARV clinic – JSI provided assistance in the design of an electronic database for managing over 500 ARV patients. It is anticipated that this site will also implement the smart card once the filed testing is finalized and the prototype is fully developed.

**Condom Distribution Survey at Secondary/Tertiary Levels**

The LMIS tracks condom distribution to the primary sites but little was known about how condoms are distributed from the primary sites in terms of quantities by category of site.

Bin card data from a 30% random sample of primary sites was analyzed for a three-month period, July – September, 2004. Data were aggregated by province and category of recipient. `

- 54% of condoms were issued to public sector sites: clinics, hospitals, and government offices (including municipalities)
- 25% of condoms went directly into community outreach activities: taxi ranks, spazas, shebeens, railway stations, township kiosks and shopping centers
- 8% of condoms went to NGOs
- 8% of condoms went to private companies
- 5% of condoms went to Parastatal organizations

It is interesting that only just over half of the condoms are distributed through public sector sites and one quarter of condoms are distributed through "non-traditional" outlets, highlighting the growing importance of condom distribution through channels other than clinical settings.

**Official launch of the choice™ brand public sector condom**

On June 14th, to coincide with National Youth Day, the Minister of Health officially launched the choice™ brand public sector condom to begin a concentrated marketing and advertising campaign promoting the new product as a high quality consumer item that is highly effective against unplanned pregnancy and STIs including HIV. The Minister strongly emphasized the need for abstinence and remaining faithful, carefully positioning correct and consistent condom use only for those for whom abstinence and faithfulness is not a viable option.

The launch was integrated within the ongoing NDOH Khomanani STI and HIV communications campaign.

**Female condom procurement**

A total 1,197,000 female condoms were procured during the reporting period, sufficient for twelve months. The female condom program in South Africa remains the second largest in the world, second only to Brazil. However, Brazil's program specifically targets commercial sex workers, whereas South Africa's program was built on the assumption that female condoms empower women to protect themselves and they are made available at designated sites where trained clinical staff carefully selects women who indicate they are not able to negotiate male condom use. There is, however, ongoing debate over the empowerment and negotiation issues. In the meantime there is growing concern about two other issues: Firstly, research from the Reproductive Health Research Unit (RHRU) indicates that the re-supply rate is only 13% - indicating a low number of long term/consistent users. Secondly, an RHRU telephone survey indicated that 65% of clinics surveyed were not designated sites but were distributing female condoms. Thus, some people would like to argue that the latent demand for female condoms is due to novelty factors rather than an indication of a genuine unmet need among long-term users.

In any case, there is an urgent need to either re-establish the intent of the program or revise the national policy.

**Participation in National HIV/AIDS & STI Meetings/Conferences and International Meetings**

- The LMIS staff participated in a series of meetings and conferences and made technical presentations. These include the JSI/DELIVER M&E Workshop from October 5-11, Kopanong Conference Centre, Free State ARV Readiness Symposium on November 17, and NDOH Bosberaad to review the 5-year National Strategic Plan for HIV/AIDS. The LMIS team also hosted orientation for USAID/Nepal office of health staff on logistics management support to the National Department of Health in South Africa.

## UKRAINE: MATERNAL AND INFANT HEALTH PROJECT

The Maternal and Infant Health Project (MIHP) that began in October 2002 is designed to improve women's reproductive and infant health services in Ukraine. The tasks include strengthening the skills and services of family medicine practitioners to become first line contacts for reproductive health services; developing standards of care and clinical guidelines/protocols for maternal and infant health services; introduce effective standards/protocols for complicated maternal and infant cases in eight outpatient and four hospitals of four oblasts; and introduce evidence-based best practices for delivery of services to pilot maternity hospitals; and raise public awareness and education on healthy life style.

Year II of the Project focused on activities geared towards the improvement of perinatal care in MIHP sites. These were done through organizing training/workshops on evidence-based medicine and development of national clinical protocol and neonatal protocols, developing IEC materials, equipping the clinics, and implementing monitoring and evaluation plans.

### Training activity

During this year 680 health care providers were trained in various courses at several sites. Most notable were the Donetsk Maternity N 3 and Lutsk-city Maternity which became centers of Excellence and served as training sites for the other MIHP health care settings.

Nine training/workshops on Evidence-Based Medicine (EBM) were held for the members of the technical working groups and the service providers to introduce the concept of EBM so that the principle is used in daily practice and also in the development of national clinical protocols and standards. Also, MIHP organized Baby Friendly Hospital Module meetings to discuss guideline for Baby-Friendly hospital, monitoring guidelines and Monitoring and Evaluation (M&E) tools.

The MIHP has organized a number of training programs that includes the following:

1. Neonatologists reinforcement training to orient the neonatologists on the contemporary approaches to newborn care, warm chain, breastfeeding, rooming-in, resuscitation of new born, care of low-weight infants, care of sick children and mothers' involvement in caring for sick children.
2. OBGYNs & Midwife Reinforcement Training to orient them on the WHO recommendations on reproductive health and perinatal care, contemporary approaches in delivering a baby- family oriented delivery, infection control, and postpartum care.
3. TOT on Effective Perinatal care- Fifteen health care professionals from four MIHP regions were trained on course planning, selection of participants and appropriate materials, training methodologies, and training evaluation. These trained trainers would train the service providers in their respective regions.
4. Training on effective perinatal care- Training on effective perinatal care was conducted in each region for the OB/GYNs, midwives, neonatologists, and pediatric nurses on evidence-based technologies in perinatology and to develop practical skills to render up-to-date qualified perinatal care.

5. Training on newborn hypothermia – Fifty eight obstetricians, midwives, neonatologists, and pediatric nurses in Kiev were trained to increase the level of their knowledge on preventing newborn hypothermia and newborn temperature monitoring
6. Training on infection control in obstetric facilities- Twenty two specialists from all four regions were trained on modern concepts of infection control in obstetric facilities, risks of nosocomial infection, and insuring epidemiologic safety at all stages.
7. Antenatal counseling training- IEC counseling training was provided to the midwives and pediatric nurses at the maternities to improve their counseling skills.
8. Breastfeeding counseling – Breastfeeding counseling training was provided to the Ob/Gyns to improve their knowledge and practical skills in breast feeding.

**Protocol development**

A number of Technical Advisory Group meetings were held to identify the challenges in development of clinical protocols, determine the topics for protocols, review the draft protocols and finalize those. The Ministry of Health (MOH) and MIHP Working Group on Protocol Development worked to develop and disseminate National Clinical Protocols and the Neonatal care protocol. MIHP also organized training for the members of the protocols development committees.

**BCC/IEC activity**

The MIHP developed 7 booklets and 5 posters to raise awareness of women on perinatal care. The MIHP also conducted an assessment of the Simferopolo perinatal counseling center and a formative research on breast feeding in the Republic of Crimea.

**M&E activity**

The MIHP has developed a list of performance indicators and developed eight M&E data collection formats. MIHP also developed a reporting format and trained key personnel on data collection and reporting. To institutionalize monitoring and evaluation, it has been included in the training of service providers.

**Equipment procurement**

The Project conducted initial site inventories and equipment needs assessment and procured the necessary equipment and distributed those to the clinics. A special database was developed to track all equipment purchases and a physical inventory of the equipment was conducted and entered into the database. All equipment was labeled with USAID inventory numbers.

**Cooperation and coordination**

MIHP cooperated with the Policy project in the development of Reproductive Health Care Manual and in improving obstetrical and gynecological care in Ukraine. MIHP staff also actively participated in Family Planning and Reproductive Health organized by the Ministry of Health. It continued working with the European office of WHO on information exchange and

participated in the WHO training on breastfeeding counseling and HIV. MIHP participated in the All-Ukrainian Conference on Mother and Infant Care focused on the advances and performance of pediatric and obstetric care. MIHP and UNICEF jointly organized a workshop on breastfeeding policies, practices, and challenges.

**Support to USAID Evaluation Team**

The MIHP staff accompanied the USAID evaluation team to the project sites in four oblasts. During these visits the evaluation team members met with MIHP-supported clinic staff and local health authorities.

## GLOBAL: PREVENTING THE MEDICAL TRANSMISSION OF HIV: REDUCING UNSAFE AND UNNECESSARY INJECTIONS IN SELECTED COUNTRIES OF AFRICA AND THE CARIBBEAN.

This project, awarded in February 2004, is commonly known as Making Medical Injection Safer (MMIS). It was designed to assist the participating countries in assessing current injection practices, draft national plans for appropriate use of injections, designing and implementing activities to enhance injection safety including improvement of provider skills and procurement of necessary equipment, and developing and implementing advocacy strategies for wider public understanding and support to the development of the national injection safety plan.

**Technical approach**

JSI has adopted a three-pronged strategy, as recommended by Safe Injection Global Network (SIGN), in implementing this project, which are:

1. Change behavior of health care workers and patients to ensure safe injection practices.
2. Ensure availability of equipment and supplies.
3. Manage waste safely and appropriately.

Our strategic approach includes mobilizing stakeholders inside and outside the Ministries of Health to ensure that the policy and action plans developed with the contribution of our staff are coherent and sustainable. In each country, JSI helped to establish or strengthen a National Injection Safety Group. The development of the policy and the action plan was conducted with the input of each of these groups to ensure that the views of all levels of policy makers, managers, and providers were represented in the draft documents and that all agencies were committed to its implementation.

**Injection safety situation and assessments**

In each of the four countries, JSI conducted a rapid review of existing data to determine the content and quality of available information. Two countries (Uganda and Ethiopia) had completed an injection safety assessment that pre-dated this project (June-July 2003 for Uganda and 2000 for Ethiopia). It was decided that the information in Ethiopia needed updating so a new assessment was carried out to gather additional data on behavior change. Mozambique

conducted an assessment in March-April 2004, with support from UNICEF, and Nigeria conducted one in July 2004 with support from WHO.

**National Plans and Policies**

In each of the four countries, the JSI/MMIS team facilitated the development or improvement of a National Injection Safety Policy and an Action Plan. Uganda already had a comprehensive injection safety and healthcare waste management policy that has served as a model for other countries under this project. In Ethiopia, the MOH was already drafting infection prevention guidelines, and the project was able to contribute a section on injection safety to this document. In Mozambique, a draft national plan was developed at a workshop with the nursing department of the National Department for Medical Assistance. JSI is organizing a workshop in South Africa in October 2004 – following the SIGN meeting – to draft a multi-year action plan including a sustainability plan for submission to the national injection safety groups and international donors and partners.

**Designing and field-testing a project to enhance injection safety**

In each country, four areas were selected for the initial phase. In these areas, the interventions planned at the national level include behavior change and training of health workers and waste handlers as well as use of innovative technology such as disposable syringes with reuse and/or needlestick prevention features, and new approaches to waste management are being tested. The lessons learned in these early implementation sites will guide later expansion of this work.

**Behavior change and communication**

All four of countries completed an assessment of behavioral determinants of unsafe injections in June and July 2004. Three of the countries then participated in regional BCC workshops held in Kenya and South Africa. These workshops were organized by JSI partner AED. Mozambique received a technical assistance visit from the Manoff Group, the behavior change communication subcontractor. All four countries have a draft strategy for behavior change and advocacy subsequent to the workshops and technical assistance visit.

**Commodity procurement**

To support the increased availability of safe injection commodities used in curative services, as well as safe disposal of the same, a pooled procurement was organized by JSI and its subcontractor PATH for all countries to achieve an economy of scale. The procurement for these four countries includes over 9.5 million new disposable needles and syringes (the vast majority with reuse and/or reuse and needlestick prevention features in accordance with host country preferences and policies), more than 100,000 safety boxes, and over 1,500 needle removers. This procurement was estimated to meet the needs of the facilities in the project's initial implementation areas.

Supply needs of all countries were consolidated into an international tender, including transportation to the countries. Small quantities of other supplies, such as cotton wool,

disinfectants, and antiseptics are being purchased locally within each of the countries. The first shipments of the internationally-procured commodities were made in September 2004.

**Waste Management**

The JSI team reviewed sharps waste management practices in the initial implementation districts and assisted in the development of waste management plans. In each country, appropriate strategies to improve health care waste management have been discussed including the use of needle removal/destruction, incineration, and other locally viable options. Waste disposal plans for health facilities in the pilot areas are based on local circumstances. Opportunities for leveraging support from other agencies for waste disposal capital improvements such as incinerator construction are being explored. The national policy for health care waste management will be finalized after careful review of the experience of the pilot program in each country.

**Monitoring and Evaluation**

Given the short time frame, monitoring and evaluation activities are focused on the deliverables and developing a mechanism for the systematic identification and dissemination of lessons learned. A model Tool has been adapted to capture the data needed for these indicators. The monitoring and evaluation advisor will work with each country program to adapt this tool to the existing tool used at baseline so that cross-country, project-wide comparisons can be made as well as tracking progress in country-specific indicators.

DETAILED COUNTRY REPORTS

# Expanded Coverage of Essential Health Services In Djibouti

## Quarterly Performance Report
## Quarter 1: May 1- July 31, 2004

**Submitted by Dr. Stanislas P. Nebie, Chief of Party**

**August 2004**

**John Snow, Inc.**
**B.P. 86**
**Djiboutiville, Djibouti**
USAID Contract IQC GHS-I-00-03-00026-00, Task Order 800

# Table of Contents

Acronyms

| | |
|---|---|
| BCC | Behavior Change Communication |
| CA | Cooperating Agency |
| CHC | Community Health Center |
| CME | Continuing Medical Education |
| COP | Chief of Party |
| CS | Child Survival |
| DEPCI | Direction of Studies, Planning, and International Cooperation |
| DMT | District Management Team |
| EOC | Emergency Obstetrical Care |
| FP | Family Planning |
| HGP | Pelletier General Hospital |
| HIS | Health Information System |
| HP | Health Post |
| IEC | Information, Education et Communication |
| IMCI | Integrated Management of Childhood Illness |
| IST | In-service Training |
| JSI | John Snow Inc. |
| MCH | Maternal and Child Health |
| MHC | Medical Hospital Center |
| MOE | Ministry of Education |
| MOFA | Ministry of Foreign Affairs |
| MOH | Ministry of Health |
| NCTHP | National Center for Training Health Professionals |
| NGO | Non-governmental organization |
| PECSE | Projet d'Extension de la Couverture des Soins de Santé Essentiels (Expanded Coverage of Essential Health Services) |
| PMP | Performance Monitoring Plan |
| QA | Quality Assurance |
| RH | Reproductive Health |
| RMT | Regional Management Team |
| TA | Technical Assistance |
| UGP | Project management Unit of the Ministry of Health |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |

## EXECUTIVE SUMMARY

The Expanded Coverage of Essential Health Services Project, or PECSE, started in May 2004. Financed by USAID for three years and implemented by John Snow, Incorporated (JSI), PECSE is the first health sector project funded by USAID in Djibouti. The vision of the project is to support the Djibouti health reform, and to expand coverage of essential health services with a focus in rural areas. The project aims to reduce maternal and child morbidity and mortality.

In May 2004, the project began start-up activities with a visit by the Chief of Party (COP), Senior Technical Advisor and Project Coordinator to Djibouti. The team identified a modest office in Djibouti, began recruitment of administrative and technical staff members, established banking and other local services, and began work planning with the Ministry of Health (MOH). The COP relocated permanently to Djibouti in June, opening the office and continuing establishment of relations with the MOH and local partners. Furnishing of project space provided by the MOH within Ministry headquarters, ordering of a vehicle and equipment and other basic tasks were completed by July.

In close collaboration with the Ministry of Health (Unite de Gestion des Projets — UGP), JSI developed this three-year Work Plan and began work on the related Performance Monitoring Plan. Technical assistance was also provided in health information systems by JSI and in social mobilization by subcontractor The Manoff Group.

Between May and July, the Djibouti project identified the priority sites which will be covered by the project this year, and completed visits to many of these health facilities in rural areas with MOH colleagues. JSI worked closely with the World Bank and others to assist the MOH in establishing the Minimum Package of Essential Services, coordinated renovations work with the US Army, and met several times with UNICEF and the WHO to best coordinate actions.

The COP established weekly meetings with USAID/Djibouti and the MOH to coordinate the implementation of the project and discuss key issues.

Selected activities for next quarter include:

- Training staff members in JSI management system;
- Technical staff recruitment completed;
- Technical studies for health site renovations used for bid requests, procurement awarded and work begun;
- Assessment of the National Center for Training Health Professionals;
- On-going work on the series of policies, norms and technical protocols for the essential service package, including presentation of a draft technical protocol for MOH comments;
- Performance Monitoring Plan completion;
- Support the MOH-donor coordination meetings;
- Continued technical support to the health information system.

This report is the first quarterly report provided by JSI to USAID/REDSO and USAID/Djibouti. The second quarterly report will cover August-October 2004 and will be submitted in November 2004.

**DJIBOUTI HEALTH DISTRICTS MAP**

## QUARTER 1: PROGRESS, ACHIEVEMENTS AND OBSTACLES

JSI was awarded the TASC II contract for Djibouti "Expanded Coverage of Essential Health Services" in late April. USAID requested that the following specific tasks be completed early in the project:

Task One: Development of Implementation Plan and Schedule

The Ministry of Health (MOH) and JSI worked together from May onwards to jointly develop a three-year work plan that reflects USAID's Statement of Work, the MOH's Five Year Plan, and the role of other partners present in Djibouti. A series of workshops and field visits took place, each one including key members of the MOH and JSI teams. JSI subcontractor, The Manoff Group, responsible for community mobilization and IEC, sent a senior technical advisor to participate in a workshop and field visits in July. The Work Plan is currently being finalized for approval by the MOH, and will be provided to USAID by the end of August.

*Ministry of Health Staff work with JSI on Three Year Work Plan*

Task Two: Establishment of Office in Djibouti and Initiation of Program Implementation

In May, appropriate office space was identified in a secure neighborhood in Djibouti-ville. A number of properties were visited and facilities and costs compared. Criteria including availability of appropriate office and meeting space, condition of the facilities and willingness of the owner to undertake needed repairs, security, existence of an electric generator, and cost were all taken into account to determine the best use of US government resources. The selected office space has been occupied by JSI since July, is furnished and almost completely equipped. Telephone and Internet access are functional. Additional equipment is on order, and additional building modifications for security purposes are underway.

The MOH has provided JSI with a two-room office in the MOH headquarters, near to key colleagues and across town from the National Training Center. It recently was emptied of prior occupants' effects, and JSI is in the process of establishing a functional working space. No telephone line currently exists, and JSI is negotiating with the telephone company for one to be installed. Originally, the MOH had hoped that JSI would only establish the office within the MOH and not have an independent office; the space within the MOH was not sufficient for JSI needs and an independent office was established as planned.

Staff recruitment was also begun in May; both advertising and the interviewing process took longer than anticipated for the recruitment of competent administrative and financial management staff. In addition, the MOH voiced concern that they were not included in the staff selection process for this group of staff. While JSI had anticipated including MOH representation in the selection process for technical staff, we had not planned to include the MOH in decisions about financial management positions. This has led to a delay in the hiring of the head accountant while discussions continue with the MOH. It is not clear if the selected candidate will be retained or if additional candidates will be interviewed in collaboration with the MOH.

As the Work Plan has been developed and meetings with other international partners held, some assumptions about staffing have been modified. A revised Staffing Plan can be found in Annex 1. The remaining recruitment of permanent staff will take place as soon as MOH colleagues have returned from vacation in September; there was no one available to work with JSI on these matters during late July and the month of August.

Task Three: Strengthen Coordination with Other Donor Programs

Djibouti is a USAID non-presence country, meaning that there is no formal USAID Mission in-country and the technical and managerial resources available locally are limited. A full-time technical health officer position has been created and is in the process of being filled. In the

meantime, one senior program officer based in Djibouti coordinates all USAID-funded activities. In addition, one TDY health officer from Washington DC, Mr. Tom Hall, spent several weeks in Djibouti in May, and assisted JSI in their early weeks in country in various ways. He held advance meetings with donors and partners, collecting information and work plans that helped us to rapidly become familiar with the topography of the health sector. In May, COP Stanislas Nebie and Senior Technical Advisor Elaine Rossi visited all the key partners to continue discussions, collect information and share anticipated USAID program goals.

During meetings with donors and other partners, it became clear that coordination was weak at the Ministry of Health level. Donors and other partners were informally sharing information, and the MOH was actively against holding any kind of regular health sector coordination meetings. However, by late May when JSI met with the Minister of Health, there had been additional discussions within the MOH and the Minister announced that the MOH would support health sector coordination meetings among partners.

The MOH and key donors met to discuss issues of human resources and the mechanism for partner coordination in July; the Minister was present during these discussions. Both WHO and MOH requested that regular meetings be held, and the next coordination meeting was scheduled for after the vacation period of August. WHO is responsible for preparing the September meeting.

Therefore, to date a large amount of progress has been made to improve donor coordination. JSI would like to see a small group of key technical working groups functioning well at the national level, but the limited number of MOH technical personnel makes this unrealistic for the moment.

There are very few international PVOs and NGOs working in Djibouti in the health field; JSI has met with those with representation in Djibouti-ville. In addition, we met with Save the Children staff from Ethiopia as well; they are currently funding HIV/AIDS activities in Djibouti.

There are a handful of local NGOs and consulting groups with expertise in the health sector, in community mobilization and in research. JSI is exploring various ways to work with and/or support local partners such as these. We hope that we will find additional; local partners in outlying areas as we begin to identify partners for community mobilization in each district.

Finally, JSI will work in close collaboration with the USAID-funded EQUIPE I/ AIDE Project in the education sector. Discussions to date have determined that the projects can work together to improve health messages in existing curriculum and those being revised, and in developing new ways to integrate specialized messages on HIV/AIDS in age-appropriate ways. The EQUIPE I/AIDE Project has succeeded is establishing a second radio station in Djibouti, and JSI hopes to collaborate with the station on programming.

## PROGRESS TOWARDS LONG-TERM OBJECTIVES AND INTERMEDIATE RESULTS[1]

[1] The following tasks under each IR are taken from the project's contract and will be adjusted according to the work plan content once the work plan is finalized.

The contract stipulates the following anticipated results for the three-year implementation period:

- Service delivery areas and water systems in targeted health facilities will be rehabilitated and facilities equipped to support the provision of essential services;
- Training programs will be enhanced and expanded to improve and maintain skills of health care providers;
- Service management systems will improve and sustain the quality and efficiency of health services;
- Health facilities will be linked to community health aides and community health committees;
- Communities will be engaged in supporting, managing and mobilizing health activities.

In addition, USAID expects to achieve the following Intermediate Results (IR):

IR 1: Increased Supply of Essential Health Services;
IR 2: Improved Quality of Services;
IR 3: Enhanced Local Capacity to Sustain Health Services.

Each of these IRs will be measured by project benchmarks, which will be finalized and included in both the Work Plan and the Performance Monitoring Plan.

## I) Progress Towards IR 1: Increased Supply of Essential Health Services

Task 1.1 Needs assessed and plan developed to rehabilitate and refurbish target facilities

The MOH with the World Bank has already done partial needs assessment throughout the country for rehabilitation and equipping of facilities. This needs to be completed and specific technical needs identified including water, sanitation and electrical (solar) installations. Preliminary plans for JSI intervention for the renovation of sites is found in Annex 2.

During as meeting in July in Djibouti-Ville with the US Army Major charged with Civil Affairs and USAID, the US Army announced that they had suspended their rehabilitation plans for the health sector after being informed that USAID would be financing such rehabilitation. It was clarified that additional assistance is still needed especially in the urban and peri-urban zones of Djibouti-Ville. Final plans for US Army rehabilitation of health sites are not yet available.

Task 1.2 Contractor fielded to rehabilitate and refurbish target sites

JSI will first complete the technical studies needed to define work to be done, and then use this to develop a request for application for the renovations. The requests will be published in several phases and worked launched according to precise technical specifications before the end of the year.

*Tadjourah District Hospital: Renovated by the US Army in 2003*

Task 1.3 Targeted health facilities refurbished

The first renovations will be completed before the end of PY 1.

Task 1.4 Equipment needs identified based on essential package of services

The MOH has established a list of equipment for sites but it is not directly related to the essential package of services and the physical infrastructure of the sites. The equipment list needs to be paired down to meet the needs of the essential package of services, and this list will be completed in August for a MOH review in September.

Task 1.5 Equipment procured and in place at target facilities

The minimum equipment list will be used as the basis for procurement. Either the US based procurement agency bid with JSI or a local bid will be used, whichever will be faster.

Task 1.6 Needs assessed for water system rehabilitation at facility level

See Task 1.1.

Task 1.7 Water systems functional at target facilities

See Tasks 1.1- 1.4.

*Nonfunctional electric and water supply systems at the Holl Holl Health Post*

Task 1.8 Expanded range of services operational at target facilities

Progress towards implementing the essential package of services will be slowed or retarded in certain sites by the lack of trained personnel for the defined services. The MOH is aware of the problem but has restricted hiring guidelines and difficulties in moving personnel from Djibouti-ville to district sites where they are needed. The National Center for Training Health Professionals (NCTHP) has tried to institute a recruitment policy that favors new students who are from communities near health posts and who are committed to returning to their communities to work.

**Progress Towards IR 2: Improved Quality of Services**

Task 2.1 Minimum package of essential services defined for three tiers: central referral level, district hospital level, and rural health post level;

JSI worked closely with the WHO and the MOH to finalize the minimum package of essential services especially for the district hospital and rural health post levels. Annex 3 is the minimum package for these two levels.

Task 2.2 Service protocols/service delivery guidelines defined for service package

The MOH is very interested is establishing a complete series of policies, norms and technical protocols for the service package. JSI will provide a model for this package and define a process of adaptation to the specifics of Djibouti. The adaptation will be launched in the second quarter of the year.

Task 2.3 Standards for personnel and equipment required to provide service package elaborated for each tier

The Health Mapping exercise also included the definition of both personnel and equipment for the service package at each level of the system. The workshop for the validation of the whole package was held in July.

*Health Post of Ali Ade (Ali Sabieh)*

Task 2.4 Service provider training curricula developed and/or revised to reflect service delivery standards

This task will take place after completion of Task 2.2.

Task 2.5 Service providers trained in service delivery standards

This task will take place after completion of Task 2.2 and 2.4.

Task 2.6 Plan developed to design and implement service management systems that include quality assurance, infection prevention, health information and record-keeping, drug management, referral and supervision, outreach, training and cost recovery

At the central level, the MOH has a Primary Health Care Division has been created as part of the current reforms. However, JSI's experience to date is that this team is not actively engaged in planning and implementing. It is not clear what hampers the Division, but an effort to revitalize the group is essential to the success of the project. In addition, JSI proposes the development of a basic management package for the district level physicians who are responsible for the health system in each district.

Task 2.7 Service management systems operational at target facilities

Revised or new systems will be implemented progressively over the course of the project.

Task 2.8 Plan to upgrade central level MOH systems and skills to manage national programs for essential health services developed and implemented

An assessment of the personnel and skills set of key personnel as well as of the management systems actually in place will be considered. See task 2.6 for a description of the Primary Health Care Division and the need to reinforce their skills.

Task 2.9 Needs assessment designed and undertaken through the National Center for Training Health Professionals which outlines support required for: updating curricula for training of paraprofessionals; strengthening in-service/refresher training program for health personnel and private sector providers; strengthening training methodology and delivery; developing programs to scale up the community health aide model; identifying and developing new training program areas such as management, public health and epidemiology; and equipment and materials;

JSI has identified a senior experienced training professional to assist the National Center for Training Health Professionals (NCTHP) with the defined work. Preliminary discussions have been held and needs identified by the Center's Director in the context of the development of the project Work Plan. The formal assessment will take place in late September or October; the French Cooperation and other donors who have already invested in the NCTHP will be invited to participate.

Task 2.10 Plan developed for technical and material (e.g., equipment) support to the National Center for Training Health Professionals

This Task will be completed in project Quarter 2.

Task 2.11 Plan implemented.

This will be done over the life of the project.

**Progress Towards IR 3: Enhanced Local Capacity to Sustain Health Services**

Task 3.1 Community health committees established, trained and strengthened

JSI's subcontractor for community mobilization, The Manoff Group, has developed specific models for the rapid and participatory community assessment. A local research group has been identified to be complete the data collection and analysis. These activities will be launched as soon as the vacation period is ended; during the very hot season, there is a lot of internal migration that does not reflect normal housing arrangements so the community assessments need to wait until the population has returned to the lowlands where they are for the majority of the year.

Task 3.2 Plan to scale up community-based health aide model developed

Over the course of the last three months, JSI has asked all key health sector partners and a variety of MOH staff about the "health aide model" that was mentioned in the RFP for this TASC Order and in the contract. To date, no one knows the model or program. There are however, a few small examples of community health workers that have been implemented. JSI is documenting these models and then will work with the MOH to determine which one (or which ones) merits expansion. In discussions about community health workers, the WHO and the MOH maintain that a program of paid community workers is the only feasible solution. JSI is seeking alternative models that have a better chance of sustainability.

Task 3.3 Community-health aide training curriculum developed/revised

This task will be completed with staff from the NCTHP.

Task 3.4 Community-based health aides trained and in place;

This task will be completed by staff from the NCTHP in collaboration with local health officials and community members.

## QUARTER 2: PLANS AND OPPORTUNITIES

In Quarter 2, JSI will move directly into an early implementation phase. The most obvious progress is likely to be in the area of completed assessments and renovations of health facilities. Rapid assessments in communities representing the main ethnic and socio-economic groups will be completed, and plans for community mobilization solidified. In addition, the first wave of behavior change communication (BCC) tools, likely to be radio spots, will be researched and developed.

Examples of specific activities to be implemented in Quarter 2 include:

Management and Administration:

- Training of head accountant in JSI accounting system
- Customs clearance of project vehicle
- Technical staff recruited
- Complete security arrangements for the JSI office

Technical Activities:

- Technical studies for health site renovations
- Prepare and publish bid requests for renovation work
- Award renovation contracts
- Rapid community appraisals
- Assessment of the National Center for Training Health Professionals
- On-going work on the series of policies, norms and technical protocols for the essential service package, including presentation of a draft technical protocol for MOH comments
- Prepare the equipment procurement list, identify vendor and begin purchasing
- Submission of the Performance Monitoring Plan
- Support the newly created donor-MOH coordination meeting system

MANAGEMENT AND COORDINATION WITH USAID

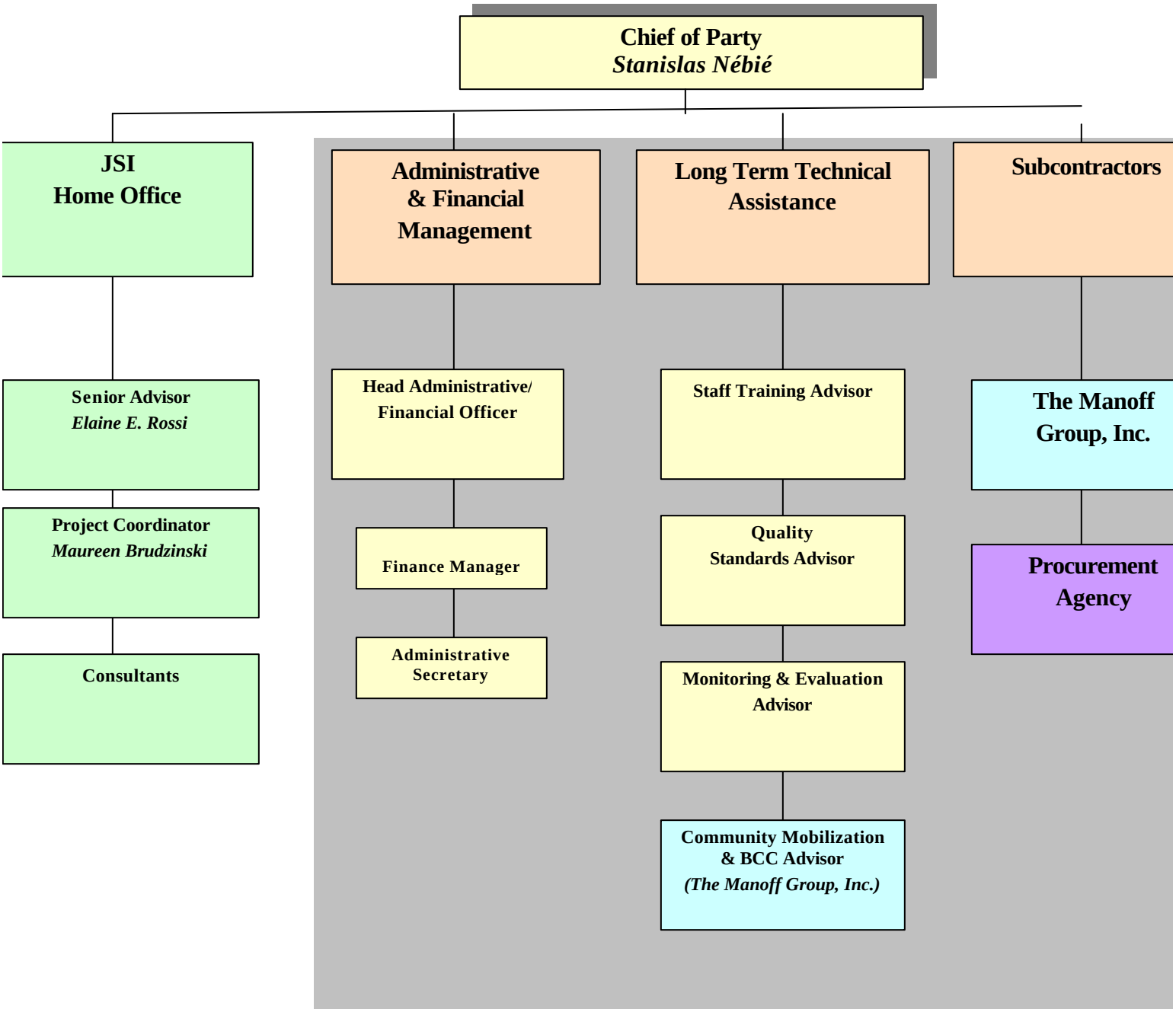
JSI projects overseas benefit from decades of experience that led to the development of a Basic Management Package for field offices. This package includes systems to apply and adapt, standards, accounting procedures, forms and personnel standards and checklists related to key management areas. Due to the existence of this package and several weeks of assistance from JSI Boston headquarters, the new country office is open, equipped and partially staffed with key systems in place.

Overall project and program management will be based upon the Three Year Work Plan but will be flexible and reflect changing circumstances as well as input from the MOH and guidance from USAID. In early July, JSI suggested a weekly meeting between USAID, the MOH and JSI, which would be useful to all parties especially during the first few months of project

implementation. Everyone agreed, and three weekly meetings were held in July before MOH and USAID representatives departed on vacation. They will be resumed in September.

**ANNEXES**

## ANNEX 1: STAFFING PLAN


Chief of Party
Stanislas Nébié
JSI
Home Office
Administrative
& Financial
Management
Long Term Technical
Assistance
Subcontractors
Senior Advisor
Elaine E. Rossi
Project Coordinator
Maureen Brudzinski
Consultants
Head Administrative/
Financial Officer
Finance Manager
Administrative
Secretary
Staff Training Advisor
Quality
Standards Advisor
Monitoring & Evaluation
Advisor
Community Mobilization
& BCC Advisor
(The Manoff Group, Inc.)
The Manoff
Group, Inc.
Procurement
Agency

# ANNEX 2: PRELIMINARY LIST OF PROJECT SITES AND POTENTIAL REHABILITATION

| Health Regions | Location | Type | Observations |
|---|---|---|---|
| **ALI-SABIEH** | **ALI-SABIEH** | **District Hospital** | Maternity to be rehabilitated |
| | Holl Holl | Health Post | To rehabilitate |
| | Dasbyo | Health Post | To rehabilitate |
| | Ali-Adde | Health Post | To rehabilitate |
| | Assamo | Health Post | Renovated by the US Army |
| | Goubetto | Health Post | To rehabilitate |
| **ARTA** | Arta | Health Post | Renovated by the US Army |
| | Wea | Health Post | |
| **DIKHIL** | **DIKHIL** | **District Hospital** | |
| | Gorabouss | Health Post | To rehabilitate |
| | Gallamo | Health Post | Renovated by the US Army |
| | As-Eyla | Health Post | Renovated by the US Army |
| | Yoboki | Health Post | Renovated by the US Army |
| | Mouloud | Health Post | |
| **OBOCK** | **OBOCK** | **District Hospital** | To rehabilitate |
| | Medeho | Health Post | To rehabilitate |
| | Alaili-Dada | Health Post | |
| | Waddi | Health Post | |
| TADJOURAH | **TADJOURAH** | **District Hospital** | Renovated by the US Army |
| | Adaylou | Health Post | To rehabilitate |
| | Day | Health Post | |
| | Sagallou | Health Post | To rehabilitate |
| | Randa | Health Post | |
| | Dorra | Health Post | To rehabilitate |

## ANNEX 3: MINIMUM PACKAGE OF ACTIVITIES

### Ministère de la Santé Djibouti

### PAQUET MINUMUM D'ACTIVITES POUR LES SOINS DE SANTE DE BASE

| Rubrique | Activités | |
|---|---|---|
| | **Premier niveau (CSC)** | **Niveau référence: CMH ou EGR[2]** |
| Santé Reproductive | | |
| Consultation prénatale | • Sensibilisation et préparation à l'accouchement<br>• Suivi nutritionnel et suppléments fer/folate<br>• Dépistage des grossesse à risque (diabète, HTA, (Pre) éclampsie<br>• Prophylaxie palu<br>• Vaccination anti-tétanique | • Hospitalisation pour problème de grossesse |
| Accouchements et complications obstétricales | • Accouchement normal<br>• Antibiotiques IV<br>• Antispasmodiques IV<br>• Délivrance manuelle du placenta<br>• Révision utérine<br>• Référer les complications | • Ventouse<br>• Césarienne<br>• Transfusion sanguine |
| Consultation postnatale | • Suivi de la santé de la mère<br>• Suivi de la croissance de l'enfant et de l'allaitement<br>• Traitement de maladies courantes (conjonctivites)<br>• Vaccination de l'enfant<br>• Conseils et contraception a la mere<br>• Reference des cas graves de la mere (saignements, convulsions, infections ) | • Hospitalisation des cas référés<br>• Evaluation de la gravité de la situation<br>• Traitement selon les causes |
| Service de planification familiale | • Prescription de contraceptifs oraux<br>• Pose de DIU | • Pose d'implants<br>• Contraception chirurgicale |

[2] EGR : Equipe de gestion de la Region

| | | |
|---|---|---|
| | • Prévention des IST | • Prévention des IST |
| Santé de l'Enfant | | |
| PCIME | • Evaluer et classer l'enfant selon le protocole national<br>• Appliquer le traitement approprié ou référer cas graves | • Prise en charge en fonction de la gravité (oxygène, réanimation, etc. ) |
| Diarrhées aiguës | Idem PCIME | |
| Parasitoses intestinales | • Diagnostic clinique et parasitologique<br>• Traitement<br>• IEC hygiène de vie | • Confirmation diagnostique<br>• traitements spécifiques |
| Infections respiratoires aiguës (IRA) | • Diagnostic et traitement<br>• IEC hygiène de vie<br>• Référence cas graves | • Hospitalisation<br>• Confirmation diagnostique<br>• traitements spécifiques |
| Vaccinations contre les maladies cibles du PEV | • Estimation de la population cible<br>• Gestion des stocks de vaccins<br>• Vaccination des enfants | • Estimation des besoins en vaccins<br>• Gestion des stocks<br>• Supervision des activités de vaccination |
| Suivi de la croissance et récupération nutritionnelle | • Suivi de la croissance<br>• Evaluation de l'etat nutritionnel<br>• Récupération nutritionnelle | • Hospitalisation et traitement des cas graves |
| **Prise en charge des maladies courantes** | | |
| Paludisme | • Traitement<br>• Chimioprophylaxie<br>• Moustiquaires imprégnées | • Hospitalisation et traitement des cas graves<br>• Recensement et traitement des gites larvaires |
| Urgences/traumatismes | • Secourisme de base sur urgences et traumatismes<br>• Evaluation de la gravité des urgences<br>• Organisation de la référence | • Hospitalisation des cas graves<br>• Examens complémentaires (radio, écho, labo)<br>• Oxygénothérapie<br>• Transfusion sanguine<br>• chirurgie |
| IST/SIDA | • Couselling du VIH<br>• Prise en charge | • Counselling<br>• Examens de laboratoire |

| | | |
|---|---|---|
| | syndromique<br>• IEC, fourniture de condoms<br>• Suivi des maladies sous ARV<br>• Accompagnement psycho social | • Test de depistage<br>• Traitement infections opportunistes<br>• Traitement ARV et suivi sérologique<br>• Accompagnementpsycho social |
| Autres<br><br>Maladies dentaires | • Hygiene bucco-dentaire | • Prise en charge des pathologies bucco-dentaires |
| **Prise en charge des maladies chroniques** | | |
| Tuberculose | • Dépistage clinique et bacilloscopique<br>• Distribution des médicaments<br>• Suivi des maladies sous traitement<br>• Fichier du malade<br>• Formation des ASC pour le suivi des malades | • Confirmation du diagnostic<br>• Traitement<br>• suivi des maladies<br>• Fichier du malade |
| Diabète | • Dépistage clinique et biologique<br>• Référence<br>• Suivi du traitement<br>• Fichier du malade | • Confirmation diagnostique<br>• Mise en route du traitement<br>• Recherche de complications<br>• Fichier du malade |
| HTA | • Dépistage de l'HTA<br>• Référence<br>• Suivi du traitement<br>• Fichier du malade | • Confirmation de l'HTA<br>• Traitement<br>• Recherche de complications<br>• Fichier du malade |
| Maladies mentales | • Diagnostic clinique<br>• Référence<br>• suivi du traitement<br>• fichier du malade | • Confirmation diagnostic<br>• Mise en route du traitement<br>• Fichier du malade |
| **Interventions santé publique** | | |
| | | |
| Recensement et traitement des points d'eau de boisson | | • Visite des points d'eau<br>• Prélèvement pour analyse |
| Contrôle de l'eau de réseau/bouteilles | | Prélèvement pour analyse |

| | | |
|---|---|---|
| Contrôle des denrées alimentaires | | • Visite des lieux<br>• Prélèvement pour analyse |
| Santé scolaire | • Visite médicale systématique<br>• Vaccination des élèves<br>• Prise en charge des pathologies courantes<br>• Référer les pathologies graves | • Faire les examens spécifiques<br>• Prise en charge selon les causes<br>• Introduction d'activités d'IEC dans les programmes scolaires |

| **Interventions santé communautaire** | | |
|---|---|---|
| Recensement et traitement des gîtes larvaires | • Formation des communautés au traitement des gîtes<br>• Traitement selon protocole national | • Encadrement des opérations<br>• Mise a jour des cartes |
| Développement de services a base communautaire | • Sensibilisation des communautés<br>• Identification des Agents de santé communautaire<br>• Formation et supervision des Agents de santé communautaire | • Supervision des activités communautaires<br>• Formation des prestataires de district |

# Expanded Coverage of Essential Health Services In Djibouti

## Quarterly Performance Report
## Quarter 2: August 1- October 31, 2004

**Submitted by Dr. Stanislas P. Nebie, Chief of Party**
**October 2004**

**John Snow, Inc.**
**B.P. 86**
**Djiboutiville, Djibouti**

USAID Contract IQC GHS-I-00-03-00026-00, Task Order 800

**Table of Contents**

Acronyms

| | |
|---|---|
| BCC | Behavior Change Communication |
| CA | Cooperating Agency |
| CHC | Community Health Center |
| CME | Continuing Medical Education |
| COP | Chief of Party |
| CS | Child Survival |
| DEPCI | Direction of Studies, Planning, and International Cooperation |
| DMT | District Management Team |
| EOC | Emergency Obstetrical Care |
| FP | Family Planning |
| HGP | Pelletier General Hospital |
| HIS | Health Information System |
| HP | Health Post |
| IEC | Information, Education and Communication |
| IMCI | Integrated Management of Childhood Illness |
| IST | In-service Training |
| JSI | John Snow Inc. |
| MCH | Maternal and Child Health |
| MHC | Medical Hospital Center |
| MOE | Ministry of Education |
| MOFA | Ministry of Foreign Affairs |
| MOH | Ministry of Health |
| NCTHP | National Center for Training Health Professionals |
| NGO | Non-governmental organization |
| PECSE | Projet d'Extension de la Couverture des Soins de Santé Essentiels (Expanded Coverage of Essential Health Services) |
| PMP | Performance Monitoring Plan |
| QA | Quality Assurance |
| RH | Reproductive Health |
| RMT | Regional Management Team |
| TA | Technical Assistance |
| UGP | Project Management Unit of the Ministry of Health |
| UNFD | National Union of Djiboutian Women |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |

## EXECUTIVE SUMMARY

The Expanded Coverage of Essential Health Services Project, or PECSE, started in May 2004. Financed by USAID for three years and implemented by John Snow, Incorporated (JSI), PECSE is the first health sector project funded by USAID in Djibouti. The vision of the project is to support the Djibouti health reform, and to expand coverage of essential health services with a focus in rural areas. The project aims to reduce maternal and child morbidity and mortality.

In May 2004, the project began start-up activities; the COP relocated permanently to Djibouti in June. By July, both a separate JSI office and an office in the MOH were functional. In close collaboration with the Ministry of Health (Unite de Gestion des Projets — UGP), JSI developed this three-year Work Plan which was approved by the MOH. At USAID's request, a detailed one-year Implementation Plan was developed, and this report tracks progress against this workplan and the USAID's Intermediate Results.

Late in Quarter 2, JSI's Vice President for the International Division Dr. Theo Lippeveld visited Djibouti, providing technical support in the area of health information systems (HIS) to the Ministry of Health, meeting with the Minister and other key partners. Dr. Lippeveld was instrumental in identifying a technical assistance person to provide on-going assistance in HIS and evaluation for PECSE.

JSI assisted the MOH to finalize the Minimum Package of Essential Services, and the list of basic equipment for each level of sites. This quarter, JSI also drafted the related Performance Monitoring Plan (PMP). Technical assistance was provided in health information systems by JSI and in social mobilization and behavior change research by subcontractor The Manoff Group. The assessment of the National Center for Training Health Professionals was completed, and research completed for the development of the first set of radio spots. In addition, local social scientists were identified to complete specific research assignments.

By late September, all five health districts outside of Djiboutiville, four hospitals and nineteen health posts had been visited. Preliminary renovation requirements were identified for all these sites. Detailed plans were drawn up for the first group of renovations, primarily in Obock District, and a request for applications for the projects published locally.

Strategies for community mobilization and BCC, as well as for training of health post staff, were drafted and discussed with the MOH and other implementing partners including the Training Center. Local NGOs and consulting groups with expertise in the health sector, in community mobilization and in research have been identified, and JSI is exploring various ways to work with and/or support local partners such as these. PECSE hopes to find additional, local partners in outlying areas as we begin to identify partners for community mobilization in each district. Discussions continue with the National Union of Women (UNFD) on their involvement in mobilization efforts in district capitals.

Weekly meetings with USAID/Djibouti to coordinate the implementation of the project and discuss key issues were not held regularly due to vacation schedules but are currently being

resumed. Coordination with other partners including the US Army, UNICEF and the WHO continued, focusing on renovations, training and EPI, is on-going and appreciated by the Ministry of Health.

Selected activities for next quarter include:

- Launch of health post staff training;
- Bi-weekly meeting of PECSE Technical Committee;
- Definition of scope and test of methods for working with UNFD in district capitals;
- Two radio spots on the airwaves;
- Technical staff recruitment completed;
- Bibliographical research completed;
- Health site renovations in Obock contracts awarded and work begun;
- Bi-weekly coordination meetings with the AIDE Project;
- Performance Monitoring Plan completion;
- Support the MOH-donor coordination meetings;
- Continued technical support to the health information system.

This report is the second quarterly report provided by JSI to USAID/REDSO and USAID/Djibouti. The third quarterly report will cover November 2004-January 2005 and will be submitted in February 2005.

## QUARTER 2: PROGRESS, ACHIEVEMENTS AND OBSTACLES

JSI was awarded the TASC II contract for Djibouti "Expanded Coverage of Essential Health Services" in late April. USAID requested that the following specific tasks be completed early in the project[3]:

Task One: Development of Implementation Plan and Schedule

The Ministry of Health (MOH) and JSI jointly developed a three-year work plan that reflects USAID's Statement of Work, the MOH's Five Year Plan, and the role of other partners present in Djibouti. A series of workshops and field visits took place, followed by discussions and revisions of the plan with USAID and the MOH. The Work Plan was sent to the MOH for approval in July and approved by the MOH in September 2004.

Task Two: Establishment of Office in Djibouti and Initiation of Program Implementation

By July, both a separate JSI office and an office in the MOH were functional. Administrative staff recruitment was completed this quarter as well. A number of difficulties have delayed recruitment of technical staff, including lack of qualified candidates and unrealistic salary goals. In addition, many qualified candidates are currently working within the MOH, where their absence might cause PECSE more harm in the long-term than the absence of a truly qualified local staff member on the team. While advertising has been completed and some interviews and negotiations held, it is unclear when the three key technical staff positions will be filled. In the meantime, PECSE is continuing to move forward using both international and local consultants and notable long hours by the Chief of Party.

In spite of this obstacle, PECSE has begun early implementation by completing assessments, producing radio spots, continuing technical support to HIS, and preparing the first round of renovations.

Task Three: Strengthen Coordination with Other Donor Programs

To date a large amount of progress has been made to improve donor coordination. Initially, the Minister rebuffed all attempts to gather donors for coordination. USAID continued discussions on this topic as well, and it was agreed upon in October that the Coordinating Mechanism (CCM) established for the Global Fund would serve as an overall coordination mechanism for the health sector. JSI would like to see a small group of key technical working groups functioning well at the national level, but the limited number of MOH technical personnel make this unrealistic for the moment.

There are very few international PVOs and NGOs working in Djibouti in the health field; JSI has met with those with representation in Djibouti-ville. JSI staff met with Save the Children staff

[3] Since these activities were prioritized for early completion, they will no longer be reported on in each quarterly report as of Quarter 3.

from Ethiopia as well; they have just completed implementation of USAID-funded HIV/AIDS transportation corridor activities in Djibouti.

JSI continues to look for opportunities for close collaboration with the USAID-funded EQUIPE I/ AIDE Project in the education sector, and has established a bi-weekly coordination meeting to assist in identifying key areas of collaboration.

## PROGRESS TOWARDS LONG-TERM OBJECTIVES AND INTERMEDIATE RESULTS[4]

The contract stipulates the following anticipated results for the three-year implementation period:

- Service delivery areas and water systems in targeted health facilities will be rehabilitated and facilities equipped to support the provision of essential services;
- Training programs will be enhanced and expanded to improve and maintain skills of health care providers;
- Service management systems will improve and sustain the quality and efficiency of health services;
- Health facilities will be linked to community health aides and community health committees;
- Communities will be engaged in supporting, managing and mobilizing health activities.

In addition, USAID expects to achieve the following Intermediate Results (IR):

IR 1: Increased Supply of Essential Health Services;
IR 2: Improved Quality of Services;
IR 3: Enhanced Local Capacity to Sustain Health Services.

Each of these IRs will be measured by project benchmarks, finalized and included in the Performance Monitoring Plan (PMP). The PMP is in draft form, and under discussion with both the MOH and USAID; a copy of the draft is available upon request.

## II) Progress Towards IR 1: Increased Supply of Essential Health Services

Task 1.1 Needs assessed and plan developed to rehabilitate and refurbish target facilities

Broad plans for JSI-funded renovation of sites is found in Annex 1. JSI is in discussions with the US Army concerning which of these facilities the US Army will renovate. The involvement of the US Army in renovations is advantageous to everyone, since it will likely lead to more renovations completed in less time, and more PECSE funding available for technical and training activities.

[4] The following tasks under each IR are taken from the project's contract and will be adjusted according to the work plan content once the work plan is finalized.

Task 1.2 Contractor fielded to rehabilitate and refurbish target sites

PECSE and the MOH have completed the technical studies needed to define work to be done in the first three sites, the requests for proposals published, and contractors taken to visit the work sites. The process takes several weeks, and this first contract for renovations should be awarded early in Quarter 3.

Work to prepare the second set of technical specifications before the end of the year has been delayed by coordination with the US Army (see above) but the end result should be more renovations completed in the same amount of time.

Photographs of many of the sites to be renovated are available upon request.

Task 1.3 Targeted health facilities refurbished

The first renovations will be completed before the end of PY 1, including restoration or installation of water and solar power.

Task 1.4 Equipment needs identified based on essential package of services

The MOH had established a list of equipment for sites but it is not directly related to the essential package of services and the physical infrastructure of the sites. The equipment list has been paired down to meet the needs of the essential package of services, and the equipment order almost ready to be published for bids.

The difference between the equipment lists that PECSE will order and those the MOH has established reflect the reality of the health posts according to PECSE assessments. MOH lists reflect long-term plans to provide maternity services and other reproductive health services in each site. Currently, most health posts have no trained staff to provide these services, some also do not have adequate space, and therefore PECSE will not be providing equipment for maternity services.

Task 1.5 Equipment procured and in place at target facilities

The equipment list will be used as the basis for procurement and either the US based procurement agency bid with JSI or a local bidder will be used, whichever will be faster and will provide best value for US government funds.

Task 1.6 Needs assessed for water system rehabilitation at facility level

See Task 1.1. The assessments completed before each rehabilitation including restoration or installation of a water provision system.

Task 1.7 Water systems functional at target facilities

See Tasks 1.1- 1.4. The first renovations will be completed before the end of PY 1, including restoration or installation of solar power.

Task 1.8 Expanded range of services operational at target facilities

Progress towards implementing the essential package of services will be slowed or retarded in certain sites by the lack of trained personnel for the defined services. The MOH is aware of the problem but has restricted hiring guidelines and difficulties in moving personnel from Djibouti-ville to district sites where they are needed. The National Center for Training Health Professionals (NCTHP) has tried to institute a recruitment policy that favorizes new students who are from communities near health posts and who are committed to returning to their communities to work. The first group of newly trained students has been affected to posts outside of Djiboutiville as of the end of October, but to date PECSE has not obtained a list of their assigned posts. If some of them are placed at health posts, as opposed to District Hospitals, quality of care could improve significantly over the next few months as other PECSE inputs are added including new equipment, renovations, training and supervision, power and water.

**Progress Towards IR 2: Improved Quality of Services**

Task 2.1 Minimum package of essential services defined for three tiers: central referral level, district hospital level, and rural health post level

JSI worked closely with the WHO and the MOH to finalize the minimum package of essential services especially for the district hospital and rural health post levels. Annex 3 in Quarterly Report 1 is the minimum package for these two levels.

Task 2.2 Service protocols/service delivery guidelines defined for service package

The MOH continues to be very interested in establishing a complete series of policies, norms and technical protocols for the essential services package. The adaptation of a sample was to be launched in the second quarter of the year but no staff from the Ministry of Health were available to work on this activity with PECSE. The alarming lack of availability of staff at all levels of the MOH will continue to hamper Project efforts to complete tasks in a timely way; PECSE does not anticipate any significant changes in this situation for the central level MOH any time soon.

Task 2.3 Standards for personnel and equipment required to provide service package elaborated for each tier

The workshop for the validation of the whole package was held in July. See Task 1.5.

Task 2.4 Service provider training curricula developed and/or revised to reflect service delivery standards

Under ideal circumstances, this task will take place after completion of Task 2.2 as well. However, PECSE will begin certain trainings in Quarter 3, basing them on existing protocols and international standards including those for EPI, IMCI and infection prevention.

Task 2.5 Service providers trained in service delivery standards

Ideally, this task will take place after completion of Task 2.2 as well. See commentary above, 2.4.

Task 2.6 Plan developed to design and implement service management systems that include quality assurance, infection prevention, health information and record-keeping, drug management, referral and supervision, outreach, training and cost recovery

At the central level, the MOH has a Primary Health Care Division has been created as part of the current reforms. However, JSI's experience to date is that this team is not actively engaged in planning and implementing. The formation of PECSE new Technical Advisory Committee creates an opportunity for regular interfacing with the Director of Primary Health Care.

Plans for training including training for district-level supervision, quality assurance including infection prevention, and health information system improvement through support to the Performance Monitoring Plan are all currently being developed. A preliminary strategy for Community mobilization and behavior change, including health services outreach, is currently in draft form.

In addition, JSI proposes the development of a basic management package for the district level physicians who are responsible for the health system in each district. As districts are transformed into regions and further steps towards decentralization take place, this type of forward planning will be helpful to the transition. Recently, the MOH shared plans for placing a new Regional Manager in each of the current five health districts; this person will likely be respobsible for many of the managerial functions currently not being performed. It is not clear when these Regional Managers will be in place.

Task 2.7 Service management systems operational at target facilities

Revised or new systems will be implemented progressively over the course of the project.

Task 2.8 Plan to upgrade central level MOH systems and skills to manage national programs for essential health services developed and implemented

Current systems receiving support from PECSE include the national pre-service and in-service training systems, HIS, and health education.

Task 2.9 Needs assessment designed and undertaken through the National Center for Training Health Professionals which outlines support required for: updating curricula for training of paraprofessionals; strengthening in-service/refresher training program for health personnel and

private sector providers; strengthening training methodology and delivery; developing programs to scale up the community health aide model; identifying and developing new training program areas such as management, public health and epidemiology; and equipment and materials;

The assessment of the National Center for Training Health Professionals (NCTHP) was completed during Quarter 2, and next steps being determined. The consultant's assessment points out a series of internal weaknesses and limitations to the Center's ability to perform especially in the area of in-service training. The French government has provided a full-time advisor to the pre-service training program, and PECSE has met with her on several occasions. This professor has serious doubts as to whether any new program can be developed within the next few years given the unacceptable state of existing programs. She cites lack of standardized curriculum for nursing and midwifery programs, uneven teaching, poor to no practical training during clinical field placements, and lack of qualified teaching personnel. Overall, the current situation at the NCTHP reflects the internal dynamics of the human resource poor MOH although it does manage to utilize some qualified private sector expertise for teaching.

The PECSE Training Advisor position received few applications from qualified professionals, and several from current staff of the NCTHP. No one has yet been offered the position.

Task 2.10 Plan developed for technical and material (e.g., equipment) support to the National Center for Training Health Professionals

This Task will be completed in project Quarter 3.

Task 2.11 Plan implemented.

This will be done over the life of the project.

**Progress Towards IR 3: Enhanced Local Capacity to Sustain Health Services**

Task 3.1 Community health committees established, trained and strengthened

Task 3.2 Plan to scale up community-based health aide model developed

Task 3.3 Community-health aide training curriculum developed/revised

Task 3.4 Community-based health aides trained and in place;

PECSE proposes that the tasks listed above be redesigned in light of the following information:

JSI's subcontractor for community mobilization, The Manoff Group, has completed part of the behavior change and participatory community assessment. Many questions have been raised including the basic purpose of creating community health committees. In many cases, the human population served by a health post is so widely scattered that a committee that was truly representative would rarely be able to meet. In other cases, it may be more effective to use a different model for linking communities to health posts- for example, by using health volunteers to bring information into communities and bring information of use to service providers to the formal health workers. In district towns, the most effective ways to reach communities may be through using existing organizations including health communities, UNFD groups and other communities-based organizations. In summary, PECSE has not found that an overall strategy for BCC ands community mobilization based upon formation of health committees to necessarily be the only one to consider.

Over the course of the last six months, JSI has asked all key health sector partners and a variety of MOH staff about the "health aide model" that was mentioned in the RFP for this TASC Order and in the contract. To date, no one knows the model or program. There are however, a few small examples of community health worker programs that have been implemented. JSI is documenting these models and then will work with the MOH to determine which one (or which ones) merit expansion. In discussions about community health workers, the WHO and the MOH maintain that a program of paid community workers is the only feasible solution. The WHO is currently implementing a few model programs with paid health workers; however, the MOH has no budget for the continuation or expansion of the program; the MOH seeks to increase the ranks of certified (qualified) health workers including nurses and midwives over the next decade. JSI is seeking alternative models that have a better chance of sustainability, based upon a volunteer model.

Some possible alternatives to the tasks listed above include:

> Increased number of health posts have a community involvement mechanism in place and functioning (health committee, health volunteers, community health workers)
>
> Communities have increased access to correct information about availability and desirability of health services in their community
>
> Health radio programs including BCC spots available in three target languages.

## QUARTER 3: PLANS AND OPPORTUNITIES

In Quarter 3, JSI moves directly into an implementation phase. The most obvious progress is likely to be in the area of training of trainers for providers in the districts and completion of

renovations of health facilities. Rapid assessments in communities representing the main ethnic and socio-economic groups will be completed, and community mobilization strategy tried in several districts. In addition, the first wave of behavior change communication (BCC) tools, radio spots, will be on the airwaves.

Examples of additional specific activities to be implemented in Quarter 3 include:

Management and Administration:

- Training of staff in JSI accounting system;
- Purchase of two additional project vehicles;
- Technical staff recruitment completed;
- Finalize establishment of office systems and manuals.

Technical Activities:

- Technical studies for the next group of health site renovations;
- Prepare and publish bid requests for second round of renovations;
- First health site renovations contract awarded and work progressing at 3 health posts;
- In-service team of the National Center for Training Health Professionals works with PECSE to design and implement training of trainers;
- On-going work on the series of policies, norms and technical protocols for the essential; service package, including presentation of a draft technical protocol for MOH comments;
- Purchase of medical equipment underway;
- Finalization of the Performance Monitoring Plan;
- Support the newly created donor-MOH coordination meeting system;
- Launch of health post staff training;
- Bi-weekly meeting of PECSE Technical Advisory Committee;
- Definition of scope and test of methods for working with UNFD in district capitals;
- Technical staff recruitment completed;
- Bibliographical research completed;
- Bi-weekly coordination meetings with the AIDE Project;
- Performance Monitoring Plan completion and approval;
- Continued technical support to the health information system.

## MANAGEMENT AND COORDINATION WITH USAID

Djibouti is a USAID non-presence country, so the technical and managerial resources available locally are limited. Until the last week of Quarter 2, JSI's COTR was located in REDSO/Nairobi and had not yet been able to visit PECSE. As of October 28, COTR duties were transferred to USAID Resident Representative in Djibouti, Janet Schulman. JSI has continued to meet weekly since June with this USAID Program Officer when both she and JSI's COP are present. PECSE

was informed in May that a full-time technical health officer position had been created for USAID/Djibouti and is in the process of being filled by a Personal Services Contractor.

Routine paperwork has usually been treated in an expeditious manner by USAID, and USAID has provided assistance in a number of ways to PECSE. However, a request for the required customs paperwork to clear a vehicle without paying taxes has been pending for almost four months. During this time, PECSE has had to pay for the rental of vehicles to meet project needs including the expensive hiring of all terrain vehicles for field trips.

Support from both USAID/Djibouti and USAID/REDSO has been excellent to date, including support to PECSE in clarifying issues with the Minister of Health and advice on narrowing the technical scope of the project for the first year to enable key achievements to take place. PECSE has benefited from both technical and contracting office visits to Djibouti. On-going discussions about future needs for assistance in the area of HIV/AIDS, especially for the transportation corridor, take into account the obstacles PECSE faces and the large technical scope of work the project is expected to complete.

**ANNEXES**

# ANNEX 1

## LIST OF PECSE PROJECT SITES with RENOVATION STATUS

| Health Districts | Site | Type of Facility | Observations |
|---|---|---|---|
| ALI-SABIEH | **ALI-SABIEH** | **District Hospital** | Renovated by US Army<br>Priority 1: Maternity to rehabilitate |
| | Holl Holl | Health Post | Priority 2: rehabilitation, solar energy works, no water |
| | Dasbyo | Health Post | Priority __: rehabilitation, no solar energy, no water |
| | Ali-Adde | Health Post | Priority __: rehabilitation, no water, solar energy exists |
| | Assamo | Health Post | Renovated by US Army |
| | Goubetto | Health Post | Priority 1: rehabilitation, no water, solar energy exists |
| ARTA | Arta | Health Post | **?** |
| | Wea | Health Post | Renovated by US Army |
| DIKHIL | **DIKHIL** | **District Hospital** | Renovated by US Army |
| | Gorabouss | Health Post | Priority __: rehabilitation, no solar energy, no water |
| | Gallamo | Health Post | Refectionné par l'armée Française eau existe pas d'energie solaire |
| | As-Eyla | Health Post | Renovated by US Army, enrgie solaire et eau existent |
| | Yoboki | Health Post | Renovated by US Army, water exists no solar energy |
| | Mouloud | Health Post | Priority 2: rehabilitation, electricity 220 V exists in the village |
| OBOCK | **OBOCK** | **District Hospital** | Priority 1: Toilets need rehab |
| | Medeho | Health Post | Priority 1: rehabilitation, no solar energy, no water |
| | Alaili-Dada | Health Post | Priority 1: rehabilitation, no solar energy, no water |
| | Waddi | Health Post | Renovated by the French Army, solar energy in poor condition, Rehabilitate lodging and review energy system |
| TADJOURAH | **TADJOURAH** | **District Hospital** | Renovated by US Army |
| | Adaylou | Poste de Sante | Priority __: rehabilitation, no solar energy, no water |
| | Day | Poste de Sante | **?** |
| | Sagallou | Poste de Sante | Renovated by UNICEF, not sure about solar energy/water |
| | Randa | Poste de Sante | Need to schedule visit; large site with PMI and maternity; partial electricity no water |

| Health Districts | Site | Type of Facility | Observations |
|---|---|---|---|
| | Dorra | Poste de Sante | Priority __: rehabilitation, no solar energy, no water |

Red= renovations to be done blue= renovations already out for bid

## ANNEX 2

## DJIBOUTI HEALTH DISTRICTS MAP

**COUNTRY:**

# Dominican Republic

**PROJECT:**
**Private Sector "Circle of Solidarity" for OVC and "5th P" Social Progress Recognition Awards**

**IMPLEMENTING ORGANIZATIONS:**
**The Global Orphan Project/Promundo; John Snow Inc. (JSI), American Chamber of Commerce, Hoy/El Dia Newspapers and Mercado Media Network**

**USAID FUNDING PERIOD:**
**July 2001–June 2004**

**USAID AMOUNT:**
**$7,000**

**PURPOSE**
The project is intended to assist children affected by HIV/AIDS and OVC including HIV-positive children through solidarity activities with the Dominican private sector.

**KEY ACCOMPLISHMENTS**

- The First Promundo "5th P" Social Progress Awards for 2004 was conducted with the theme "Dominican Private Sector in Solidarity with Vulnerable Children". Participation included over 100 representatives of the private sector, diplomatic community, youth in schools children affected by AIDS (OVC), religious organizations, NGOs, universities and governmental agencies. "5th P-Social Progress" award trophies were presented to private individuals and corporations in solidarity with OVC and achievement of significant advances for the Dominican Republic. **2004 Promundo 5th P Award winners were: Miss Universe Amelia Vega Polanco, Ms. Lian Fanjul-Fundacion Mir (La Romana), Neptuno Restaurant (Boca Chica), CCN Corporation (National), and Vallas Duran- Optima-Ipsos (National).** Ambassador Hans Hertell, local celebrities and business leaders presented the 5th P Awards. Mr. Jochy Santos, local television personality, moderated the event and donated his services in solidarity with OVC. Private sector resources donated for this event total over US $30,000. The event was the first of its kind in the Dominican Republic, sensitizing the public to the issues and needs of OVC, promoting anti-stigma for people living with AIDS and encouraging a strong private sector response.
- Promundo has close collaboration with the American Chamber of Commerce Social Responsibility Committee.regarding AIDS and OVC issues. The American Chamber of Commerce co-sponsored the 2004 "5th P" Awards Event.
- Mercado Media Network, with Promundo guidance, is directly sponsoring 25 OVC in Domingo Savio Parish through a monthly contribution.
- Vallas Duran and Promundo have launched a national anti-stigma campaign for OVC with private sector resource donations. The campaign, "I want to be treated like all the children", gives children a voice regarding their own wants and needs. It has received national media recognition and creative advertising awards in the DR.

- Local private sector patrons, Antonio Barletta Corporation and Inversiones Consolidadas, have helped to lower Promundo operating costs by 70%, allowing more resources to go directly to the community level helping vulnerable children.
- Mercado Media network and Hoy newspaper have donated media space worth more than $15,000 for a monthly feature article on corporate responsibility for business leaders by Promundo. This monthly article is titled "Social Progress—the 5th P" and appears monthly in Mercado magazine, the DR's leading business journal.
- Casa Velazquez, Parmalat and Almacenes Leon are contributing milk, juice, cereals and toys to organizations helping OVC in the Promundo "Circle of Solidarity" Network..

**PROJECT MATERIALS AND TOOLS**

- Global Orphan Project/Promundo "3-Stage Risk of Displacement Model";
- Video spots for television exposure (6-minute in both Spanish and English)
- Communication strategy and billboard design for OVC anti-stigma campaign: *"I want to be treated like all the other kids"*
- Global Orphan Project/Promundo "Community Mobilization Model for Child and Youth Programs";

**CONTACT INFORMATION**

Instituto Promundo–JSI Dominican Republic:
Glenn K. Wasek, President (gwasek@verizon.net.do)
Tel: 809-227-3434; Fax: 809-227-9393

USAID/Santo Domingo:
Dr. David Losk, Health, Population Office Team Leader (dlosk@usaid.gov)
Maria Castillo, HIV/AIDS Specialist (mcastillo@usaid.gov)

The Maternal and Child Health Initiative , Russia
Quarterly Report

**Contractor: John Snow, Inc.**

**Contract Number: HRN – I -00-98-00032-00. Delivery Order No.: 813**

**Reporting Period: September 8th, 2003 –December, 2003**

## Section 1: Background

### 1.1. Description of Task Order Objectives

The purpose of the Maternal Child Health Initiative (MCHI) Task Order is to ensure the adoption of internationally recognized MCH standards and practices by the targeted health facilities in Russia.

MCHI contributes to USAID/Russia's Strategic Objective, SO 3.2: *Use of Improved Health and Child Welfare Practices Increased.* Indicators directly related include: Indicator 3.2.3: *Abortion rates,* the Intermediate Result 3.2, IR1: *Access to More Effective Primary Health Care (PHC) Services Increased,* and its indicator: *Number of health facilities implementing evidence-based maternal and child health (MCH) care practices.*

**1.2. Expected Results:** To address the mentioned objective, upon the completion of the project the following results will be achieved:

- A Russian organization with a strong MCH mandate empowered, strengthened, and able to continue the promotion and provision of MCH innovations in Russia beyond the period of USAID's assistance.
- Internationally recognized standards and USAID promoted MCH practices adopted by targeted health facilities in at least ten regions of the Russian Federation, in addition to the two WIN Project's pilot regions.
- The abortion rate reduced in the targeted regions.
- Use of modern contraceptives as a mean to prevent unwanted pregnancies increased in the targeted regions.
- Youth-friendly services introduced and adopted by selected regions based on their unique needs and circumstances.
- Access to reproductive health services and information for men increased in the targeted regions.
- Introduction of newly developed protocols and internationally recognized standards into basic medical school educational materials initiated.

## Section 2: Current Activities

2.1 Administrative Activities

- To enhance implementation at sites and coordination among numerous MCHI activities a position of Project Coordinator has been opened and qualified candidate joined the MCHI team.
- A new position of Accountant Assistant/Secretary has been established and a candidate was identified and hired.
- JSI Moscow Representative Office moved to a new office in November.
- Computer equipment and Internet connection were established in the new office.
- MCHI financial reports for nine months period were presented to the Social Insurance Fund, Statistics Department and Tax Inspection of the Russian Federation.

## 2.2 Summary of the program activities

## Three –Year Strategy Development

- Kenneth John Olivola, JSI International Division Director and Audrey Seger Sprain, Project Coordinator, JSI/Boston visited Moscow JSI Representative Office on October 6-10, 2003.
- **Strategic Planning Meeting was held on October 6th, 2003, in Moscow.**
- **A three-year work plan** was developed and submitted to the USAID on December 16, 2003.

### Replication Strategy Development

- A working Meeting on **"Development of the Replication Strategy of the MCH Initiative for period of 2003-2006"** was held on October 7th, 2003, in Moscow.
- MCHI Replication Strategy was developed, included in the Three Year Plan and submitted to the USAID on December 16, 2003.

### Sites selection

- During the **Strategic Planning Meeting** criteria and procedure, which were supposed to be crucial for the regions to take part in the MCHI, were developed.
- Thirty nine applications from the regions were received, ten new sites were selected.
- A list of selected sites was submitted to the USAID on December 16, 2003.

Collaboration with Russian Society of Obstetricians-Gynecologists (RSOG)

- A **memorandum of understanding** between the RSOG and JSI was signed.
- Two meetings with Dr. Kulakov, The President of RSOG, were held in October-November, 2003.
- Working meetings with appointed RSOG Coordinator for joint activities of the Society and the MCHI, Dr. Irina Savelieva, were held in October-December, 2003.

**MTCT activities**

- MTCT information to be included into the MCHI training materials was collected.

**Monitoring and Evaluation system**

- Meetings on **developing MCHI monitoring and evaluation plan** were conducted in November-December.

- A strategy plan for the Facility Survey implementation was designed.
- A draft of the MCHI monitoring and evaluation plan was prepared and submitted to the USAID on December 20, 2003.

**Other Program Activities**

- Presentation "From the WIN Project to MCH Initiative" was presented at the meeting in the USAID by MCHI Resident Advisor, Natalia Vartapetova on October 10th, 2003.

**2.3 Performance**

## Three –Year Strategy Development

- Kenneth John Olivola, JSI International Division Director and Audrey Seger Sprain, Project Coordinator, JSI/Boston visited Moscow JSI Representative Office on October 6-10, 2003. The objectives of the visit were as follows: to meet with USAID and discuss the administrative management issues of the new project, to discuss the programmatic questions and the dissemination strategy of the new project.

- **Strategic Planning Meeting** was held on October 6th, 2003, in Moscow. The main objective of the meeting was to discuss a three-year work plan (2003-2006) for the MCHI implementation. The expected results, ways and mechanisms for achieving the definite results were discussed during the meeting. The Strategy for collaboration with the Russian Society of Obstetricians-Gynecologists was developed. The design of the selection process of the new regions was discussed at the meeting. Preliminary criteria, which are supposed to be crucial for the regions to take part in the MCHI were also developed at the meeting. (Attachments # 1,2)

- A draft of **MCHI Three Year Work Plan and Annual plan for 2003-2004** was submitted to USAID on November 17, 2003 and discussed. A revised final draft was submitted on December 16, 2003.

**Replication Strategy Development**

- Working Meeting on **"Development of the Replication Strategy of the MCH Initiative for period of 2003-2006"** was held on October 7th, 2003, in Moscow. The goal of the meeting was to develop criteria and methodology for selection of the MCHI regions and also to develop the Replication Strategy for MCHI implementation in the new regions. MCHI experts and consultants from Moscow, Elektrostal and Perm together with the project staff participated in the meeting. Preliminary Design for the process of selecting regions to participate in the MCH Initiative, criteria for the regions selection were developed at the meeting. A committee for selecting the regions was created during the meeting. (Attachments # 3,4).

- During the meeting, held on October 7th, 2003 a comprehensive replication strategy was developed. MCH Initiative Replication Strategy will use the following approaches:team building and intersectorial collaboration; training medical providers on evidence-based, client-centered clinical and counseling services; providing the support of experienced consultants to facilitate implementation; collecting and analyzing data to track the implementation of new practices; disseminating new information to create demand on new practices. The replication strategy was included into the Three Year Work plan and submitted to USAID on November 17, 2003. After further discussion the strategy was finalized and submitted to USAID on December 16, 2003.

### Sites selection.

- During the Strategic Planning Meeting criteria, which were supposed to be important for the regions to take part in the MCHI, were developed. To assess the regions there was also developed a special scale for scoring oblasts on each criterion, ranking the oblasts on each. The procedure of selecting the Region to participate in the MCHI was also defined. (Attachments # 5, 6). The criteria and selection procedure were reflected in the first and revised drafts of MCHI Three Year Workplan submitted to USAID on November 17 and December 16, 2003.

- MCHI received thirty nine applications from the regions. All the requests were reviewed by the members of the independent committee and an oral interview over the phone with potential candidates to participate in the Project was conducted. As a result members of the committee made an assessment of each region. Finally, ten regions were selected to participate in the Project.

- A list of selected sites was submitted to the USAID on December 16, 2003 but to be able to share the list with all interested parties and get a feedback USAID asked MCHI office to postpone an official announcing till January 12, 2004. A work on regional teams development has started after January 12, 2004.

**Collaboration with Russian Society of Obstetricians-Gynecologists (RSOG)**

- A meeting of Dr. Vladimir Kulakov, the President of the RSOG and Kenneth John Olivola, JSI International Division Director was held on October, 9th, 2003. During this meeting a **memorandum of understanding** between the RSOG and JSI was signed.

- A meeting of Chief of Party, Natalia Vartapetova, and the President of the RSOG, Dr. Kulakov was held on November, 19th, 2003. At the meeting a plan of joint activities of MCHI and RSOG and participation of MCHI in the annual Congress "Mother and Child" were discussed and agreed. The annual Congress will be held in October, 2004 in Moscow.

- Working meetings with appointed RSOG Coordinator for joint activities of the Society and the MCHI, Dr. Irina Savelieva, were held on December, 2003. The goal of the meetings was to discuss the strategy of collaboration between the RSOG and MCHI both at the national and regional levels and a preliminary work plan. It was decided that in the regions RSOG members will be a part of the Regional Coordinating Teams. The ways of including RSOG members into the MCHI Interregional Working Group, their participation in the site-visits, monitoring and evaluation issues were also discussed during the meetings. To establish a common understanding of the project's scope of work, team building exercises and joint work planning sessions will be held. It was agreed that the training activities of the MCHI will include preparing the Russian master trainers among the RSOG members. The issues, regarding the coming Conference in Perm, to be held on February and the possible ways of MCHI participation at the "Mother and Child" Congress in October, 2004 were also of primary importance during the meetings.

**MTCT activities**

- Information on current statistics in Russia, approaches for risk assessment, treatment of HIV-infected, counseling issues of HIV-infected and also information on infection control standards on HIV/AIDS was collected, reviewed and summarized. An emphasis was made on prevention of mother-to-child transmission of HIV/AIDS. A set of handouts for MCHI consultants and trainers was developed.

**Monitoring and Evaluation System**

- Meetings on developing **MCHI monitoring and evaluation plan** were conducted in November-December. During these meetings methodology, design and key indicators were discussed, questionnaires for Facility Survey and evaluation sheets for follow-up visits were developed. Forms for data collection were revised.

- A strategy plan for Facility Survey implementation was designed. Key steps for the Facility Survey implementation were determined.

- A draft of the MCHI monitoring and evaluation plan was prepared and submitted to the USAID on December 20, 2003. The monitoring and evaluation plan sets indicators to measure each result to be achieved and a strategy and a system of data collection. The draft was discussed with USAID and a revised plan will be submitted on February 3, 2004.

**Collaboration with other projects and organizations**

- Several meetings were held with participation of representatives from the **Healthy Russia 2020**. The ways of possible collaboration between HR2020 and MCHI were discussed. It was proposed by the MCHI that for needs of replication in 10 regions it's necessary to make reproduction of all the materials, developed in the frame of the WIN Project (for professionals and clients), including: cue-cards, brochures and leaflets, posters, educational films. HR2020 will create MTCT informational materials for clients, conduct two workshops on community mobilization and working with the media. They will also make IE materials for couples on family planning, HIV/AIDS, STIs.

**Problems encountered**

- There has been a delay in finalizing Three Year and Annul Workplans and M&E Plan due to delays within Health Russia 2020 project.

**Section 3: Up-coming events**

- A monthly list of planning activities was prepared for January (Attachment 7). This type of monthly schedule will be prepared and circulated monthly.

# The Maternal and Child Health Initiative, Russia
# Quarterly Report

**Contractor: John Snow, Inc.**

**Contract Number: HRN – I -00-98-00032-00. Delivery Order No.: 813**

**Reporting Period: January – March, 2004**

## Section 1: Background
### 1.1. Description of Task Order Objectives

The purpose of the Maternal Child Health Initiative (MCHI) Task Order is to ensure the adoption of internationally recognized MCH standards and practices by the targeted health facilities in Russia.

MCHI contributes to USAID/Russia's Strategic Objective, SO 3.2: *Use of Improved Health and Child Welfare Practices Increased.* Indicators directly related include: Indicator 3.2.3: *Abortion rates*, the Intermediate Result 3.2, IR1: *Access to More Effective Primary Health Care (PHC) Services Increased,* and its indicator: *Number of health facilities implementing evidence-based maternal and child health (MCH) care practices.*

**1.2. Expected Results:** To address the mentioned objective, upon the completion of the project the following results will be achieved:

- A Russian organization with a strong MCH mandate empowered, strengthened, and able to continue the promotion and provision of MCH innovations in Russia beyond the period of USAID's assistance.
- Internationally recognized standards and USAID promoted MCH practices adopted by targeted health facilities in at least ten regions of the Russian Federation, in addition to the two WIN Project's pilot regions.
- The abortion rate reduced in the targeted regions.
- Use of modern contraceptives as a mean to prevent unwanted pregnancies increased in the targeted regions.
- Youth-friendly services introduced and adopted by selected regions based on their unique needs and circumstances.
- Access to reproductive health services and information for men increased in the targeted regions.
- Introduction of newly developed protocols and internationally recognized standards into basic medical school educational materials initiated.

## Section 2: Current Activities

2.1 Administrative Activities

- MCHI annual financial reports were presented to the Social Insurance Fund, Statistics Department and Tax Inspection of the Russian Federation.
- Agreements on technical assistance and cooperation were signed between JSI Moscow Office and 12 Regional Health Care Administrations.
- JSI Moscow Office cash and transaction discipline was inspected by International Moscow Bank (IMB), JSI Moscow Office ran through this inspection successfully.
- MCHI Office Opening Ceremony was held on January 28, 2004 in the Project Office.
- MCHI Senior Advisor, Mary Lee Mantz, visited Moscow on February 14-March 3, 2004.
- JSI/Healthy Women in Georgia Financial Director visited JSI/Russia to take a training on USAID accounting regulations on February 16-20, 2004.
- Adjustments to bring salaries of selected Project staff to appropriate FSN scale levels were approved by USAID.

## 2.2 Summary of the program activities

**Contract Deliverables:** Three-year Work Plan, Project sites, Replication strategy and Monitoring and Evaluation plan (including indicators) were approved by USAID**.**

**Replication Strategy Development**

- A workshop for **MCHI Interregional Working Group** took place in Moscow on January 27-29, 2004.
- **MCHI Launch Conference** was held in Perm on February 17-19, 2004.
- Working meetings with Representatives of Health Departments of Perm and Perm oblast were conducted on February 16 and February 20, 2004.

**Sites selection**

- Final list of MCHI regions was agreed with USAID on January 12, 2004.
- A notification of the regions about the accepted decision was sent.
- The lists of the regional coordinating team members were submitted to the MCHI office in January, 2004.
- A working meeting of Interregional Working Group on the results of the site visits took place on March 19, 2004.

**Site visits**

- Initial visits to the MCHI newly selected sites started in March, 2004.

**Collaboration with Russian Society of Obstetricians-Gynecologists (RSOG)**

- Working meetings with RSOG Leaders on up-coming joint activities took place on January 14, 2004.
- A working meeting of MCHI Moscow staff, Senior Advisor and RSOG Coordinator for joint activities, Dr. Irina Savelieva, was held on March 1, 2004.

**MTCT activities**

- Breastfeeding Counseling/HIV/AIDS Prevention Curriculum was revised.

**Training**

- Representatives from 12 MCHI sites participated in the training on **Standards and Principles of Organization of Infection Control in Maternities**, held in March 12-14, 2004 in Saint-Petersburg.

**Monitoring and Evaluation**

- Questionnaires for data collection during facility-based survey and follow-up visits were finalized in January, 2004.
- MCHI M&E team were trained on data collection and analysis in January, 2004.
- Testing of questionnaires for Facility-based survey was conducted in Elektrostal on January 29, 2004.
- Final draft of the MCHI M&E plan was submitted to USAID on January 20, 2004.
- Preparation of database for MCHI data collection and analysis started on February 9, 2004.
- MCHI M&E workshop was conducted in Moscow on March 3-4, 2004.
- MCHI Baseline Facility-based survey started in sites on March 22, 2004.

**Other Program Activities**

- Project Coordinator, Anna Karpoushkina, presented MCHI at the seminar on Standards and Principles of Infection Control in Medical Facilities, which took place in St.Petersburg on March 12-14, 2004. Representatives of 12 MCHI regions participated in the training.
- MCHI COP, Natalia Vartapetova, and Project Coordinator, Anna Karpoushkina, participated in the USAID's two-day workshop dedicated to its new HIV/AIDS Strategy. The meeting took place on March 10-11, 2004 in Moscow.

## 2.3 Performance

**Sites selection**

- Final list of MCHI regions was agreed with USAID on January 12, 2004 (for the selection procedure see Quarterly Report September-December, 2003). They are: Barnaul city, Vologodskaya Oblast, Irkutskaya Oblast, Kaluzhskaya Oblast, Komi Region, Krasnoyarsk city, Murmanskaya oblast, Omskaya Oblast, Orenbourg city, Tiumenskaya Oblast. Notification letters were prepared and sent to the regions in January, 2004.

- The Oblast health authorities in the newly selected regions, in consultation with MCHI staff, identified people who would be responsible for implementation of MCHI in their own region, including monitoring and data collection. The lists of the regional coordinating team members were submitted to the MCHI office in January, 2004. Regional Coordinators were selected. These people formed Regional Coordinating Teams (RCT). These RCT were invited to take part in the MCHI Launch Conference.

**Replication Strategy Development**

- A workshop for **MCHI Interregional Working Group** took place in Moscow on January 27-29, 2004. The members from the RSOG and the key experts from Moscow, Elektrostal, Perm, Murmansk, Archangelsk and Saint-Petersburg took part in the meeting.
  The main objectives of the meeting were:
  - to present the organization of the Project implementation and the annual work plan;
  - to present the results of the selection of 10 new regions;
  - to introduce the Monitoring and Evaluation plan and the key project indicators;
  - to discuss the agenda of the MCHI Launch Conference in Perm;
  - to introduce the program of work in the project sites to the experts;
  - to present evaluation sheets to be completed by the experts during the follow-up visits to the sites.

  During the meeting the schedule of the first follow-up visits to the sites was discussed with the experts. A **set of standard presentations** on the WIN experience and MCHI interventions was introduced to the experts. This set was created to assist in policy and supportive environment development in the new regions. (Attachments- Agenda and the List of Participants).

- MCHI Launch Conference **was held in Perm on February 17-19, 2004**. **The goals of the conference were as follows: to officially launch the MCHI Project, to introduce the model of the project to representatives from the project new sites and to develop drafts of the regional work plans.**

  The Conference was organized by John Snow, Incorporated, Perm Oblast and City Health Care Administration and Russian Society of Obstetrician-Gynecologists.

  The number of participants of the Conference was 106 people, among which were representatives from 10 selected regions (Heads of Health Care Departments, Chief Doctors of medical facilities), Perm city and Oblast, Velikiy Novgorod, USAID/Russia, RSOG, MCHI experts, Mass Media , and JSI Project staff and JSI/Boston.

  The Conference was opened by the greetings of Heads of Perm Oblast and City Administrations. The MCHI COP, Natalia Vartapetova, greeted the participants on behalf of the Deputy Minister of Health, Olga Sharapova. MCHI Senior Advisor, Mary Lee Mantz, greeted participants on behalf of JSI. Dr. Irina Savelieva represented the Russian Society of Obstetricians-Gynecologists and read a greeting letter, written by Dr. Kulakov, the President of RSOG. Deputy Head of Health Department/USAID/Russia, Sylva Etian also greeted the participants on behalf of USAID. In her speech she underlined the successful implementation and the results, achieved in the WIN project, and emphasized the importance of the project dissemination.

  The key topics for the discussion of the Conference were devoted to the introduction of an MCHI integrated model of providing medical services to women and infants to the new regions, experience of Project implementation in Perm Oblast and Velikiy

Novgorod. Special attention was paid to the core evidence-based practices, supported by the project such as: Family-Centered Maternity Care, Exclusive Breastfeeding, Essential Newborn Care, Family Planning Services and Infection Control in Maternities. Representatives from Perm pilot facilities shared their experience of implementing these evidence-based practices into their facilities.

An overview of the content of the Project training courses were also presented during the Conference.

The Ceremony of awarding a newborns' pathology department of Perm Oblast Children's Hospital and children's policlinic # 1 of Perm City Children's Hospital # 18
with the international certificate of "Baby Friendly Hospital" was also held during the Conference.

Two half-days of the Conference were devoted to visits to the project pilot facilities to orient the participants from the new regions with the new practices established.

The evenings of the first and second days included a reception and networking dinners, where participants from the new regions had an opportunity to become acquainted with the project representatives and experts. Representatives from all the regions, including Perm and Velikiy Novgorod, project experts and project staff presented their own region in an informal way. All the participants seemed to be extremely active, sharing opinions on the new project to be implemented in their sites.

The third day of the Conference was devoted to discussion and development of preliminary work plans for the project implementation in the regions.

In the hall of the "Ural" hotel there was an exhibition, devoted to the WIN Project implementation. The materials of the exhibition were completed by the facilities, participating in the Project.

The minutes of the Conference were highlighted in the national and local Mass Media. (Attachments - Agenda and the List of Participants)

- **Working meetings** with Representatives of Health Departments of Perm and Perm oblast were conducted on February 16 and February 20, 2004. The further work in Perm Oblast was discussed during the meetings. It was proposed to continue working on infection control in maternities, family planning, newborn resuscitation, and youth-friendly services.

**Site visits**

- Initial visits to the MCHI newly selected sites started in March, 2004. Site visits to Vologodskaya, Kaluzhskaya, Orenbourg and Murmanskaya oblasts were implemented on March 15-31, 2004. The members of MCHI Interregional Working Group with a representative of MCHI staff visited the sites to help in policy development, baseline and

needs assessment including review of medical records and observations in facilities, and to discuss and finalize a draft of the MCHI implementation plan in each region.

- A working meeting of Interregional Working Group on the results of the site visits took place on March 19, 2004. The experts shared opinions on the sites they'd visited. Ways of visits implementation and the system of data collection were discussed during the meeting.

Collaboration with Russian Society of Obstetricians-Gynecologists (RSOG)

- Working meetings with RSOG Leaders on up-coming joint activities took place on January 14, 2004. The main objective of the meeting was to discuss the ways of collaboration between RSOG and MCHI. Publication about the MCHI was submitted to the RSOG journal.

- A working meeting of MCHI Moscow staff, Senior Advisor, Mary Lee Mantz and RSOG Coordinator for joint activities, Dr. Irina Savelieva, was held on March 1, 2004. Irina Savelieva told Mary Lee about the structure of the RSOG. Participation by MCHI and other JSI Projects in the region, at the October RSOG Annual Conference was also discussed at the meeting.

**MTCT activities**

- Breastfeeding Counseling/HIV/AIDS Prevention Curriculum was revised. Articles on prevention of MTCT of HIV/AIDS were added to the existing curriculum.

Monitoring and Evaluation System

- Questionnaires for data collection during facility-based survey and follow-up visits were finalized in January, 2004. These questionnaires are being reprinted in sites to conduct the Facility-based survey.

- MCHI M&E team were trained on data collection and analysis in January, 2004. The course included the following topics: "Introduction in SPSS", "Statistical Analysis", "Data entry".

- Testing of questionnaires for Facility-based survey was carried out in Elektrostal on January 29, 2004. Due to the results of the testing, the method of conducting Facility-based survey in sites was determined.

- Final draft of the MCHI M&E plan was submitted to USAID on January 20, 2004. This plan was approved by the USAID. It is used to monitor progress and provide evidence of project impact in accordance with the Project indicators.

- Preparation of database for MCHI data collection and analysis started on February 9, 2004.
  Fieldwork preparations for baseline evaluation, including letters to facilities, identification of supervisors and field interviewers started.

- MCHI M&E workshop was conducted in Moscow on March 3-4, 2004. The goals of this workshop were: to introduce MCHI Monitoring & Evaluation system to representatives from the project new sites, to train participants on the organization and standard technique of facility-based surveys and SPSS software for data entering and cleaning. The number of participants of the workshop was 41 people, among which were representatives from 10 selected regions (regional coordinators, local field coordinators (supervisors), specialists on statistics and programmers from local medical informational-analytical centers), Perm and Berezniki, Velikiy Novgorod and MCHI staff and consultants. (Attachments - Agenda, List of Participants, Overview of the workshop)

- **MCHI Baseline Facility-based survey** started in sites on March 22, 2004. The survey will interview clients in all participating facilities in the pilot cities.

- **Official medical statistics data** to monitor key health indicators is being collected in participating health facilities, and at the city and oblast level.

- Evaluation through follow-up (supervision) visits will be done twice per year to monitor progress during the project, provide technical assistance, address implementation problems, and to adjust project activities if necessary. Special Monitoring Forms were disseminated to the sites to collect information for follow- up sites visits.

**Collaboration with other projects and organizations**

- A few meetings of MCHI and **AIHA** were held. The ways of further collaboration between MCHI and AIHA in the area of HIV/AIDS prevention were discussed.
- Several meetings were held with representatives from the **Healthy Russia 2020**. The two projects will collaborate according to the memorandum between MCHI and HR 2020 .

**Section 3: Selected Up-coming events**

- Seven initial site visits to the remaining new regions will be carried out in April.
- Training activities on Family Planning and Breastfeeding will start in May.
- Base-line data collection will be completed by early May. Data will be compiled and reported on.
- Revision and finalizing of the Antenatal Curriculum and development of Cue Cards for providers will begin in June.
- A base-line assessment of the capacity of RSOG will be conducted in June, resulting in a plan for future selected capacity building activities.
- A site visit is planned to visit the Early Intervention Model, National PMTCT Center and Perinatal School in St.Petersburg in May.
- A site visit is planned to visit the AIHA MTCT model in Odessa, Ukraine in May.
- A calendar of planned activities is submitted monthly to USAID, local partners and JSI. (See attachments of calendars for January through March 2004).

# The Maternal and Child Health Initiative, Russia.
# Quarterly Report

**Contractor: John Snow, Inc.**

**Contract Number: HRN – I -00-98-00032-00. Delivery Order No.: 813**

**Reporting Period: April – June, 2004**

## Section 1: Background
### 1.1. Description of Task Order Objectives

The purpose of the Maternal Child Health Initiative (MCHI) Task Order is to ensure the adoption of internationally recognized MCH standards and practices by the targeted health facilities in Russia.

MCHI contributes to USAID/Russia's Strategic Objective, SO 3.2: *Use of Improved Health and Child Welfare Practices Increased.* Indicators directly related include: Indicator 3.2.3: *Abortion rates*, the Intermediate Result 3.2, IR1: *Access to More Effective Primary Health Care (PHC) Services Increased*, and its indicator: *Number of health facilities implementing evidence-based maternal and child health (MCH) care practices.*

**1.2. Expected Results:** To address the mentioned objective, upon the completion of the project the following results will be achieved:

- A Russian organization with a strong MCH mandate empowered, strengthened, and able to continue the promotion and provision of MCH innovations in Russia beyond the period of USAID's assistance.
- Internationally recognized standards and USAID promoted MCH practices adopted by targeted health facilities in at least ten regions of the Russian Federation, in addition to the two WIN Project's pilot regions.
- The abortion rate reduced in the targeted regions.
- Use of modern contraceptives as a mean to prevent unwanted pregnancies increased in the targeted regions.
- Youth-friendly services introduced and adopted by selected regions based on their unique needs and circumstances.
- Access to reproductive health services and information for men increased in the targeted regions.
- Introduction of newly developed protocols and internationally recognized standards into basic medical school educational materials initiated.

## Section 2: Current Activities

2.1 Administrative Activities

- MCHI quarterly financial reports were presented to the Social Insurance Fund, Statistics Department and Tax Inspection of the Russian Federation.

**2.2 Summary of the program activities**

**Replication Strategy Activities**

- Informational materials, developed in the frame of the WIN Project for clients and medical providers were sent for dissemination to the MCHI pilot regions in April, 2004.
- Training activities in the regions started in May, 2004.

**Site visits**

- Initial visits to six MCHI newly selected sites were carried out in April-May, 2004.

Collaboration with Russian Society of Obstetricians-Gynecologists (RSOG)

- Beth Gragg, Senior Advisor "World Education" visited Moscow in June to initiate capacity building activities with RSOG .

**MTCT activities**

- MTCT/HIV activities were observed by COP, Natalia Vartapetova, and Project Coordinator, Anna Karpouchkina, in Saint-Petersburg on May 18-20, 2004.

**Training activities**

- **Reproductive Health and Family Planning training of trainers** (TOT) was conducted in Moscow on May 17-22, 2004.
- **Family Planning Training Courses** in Kaluga and Vologda were held on May 24-28, 2004, and on June 7-10 in Irkutsk.
- **Breastfeeding Counseling Training Courses** were conducted in Krasnoyarsk on May 24-28, 2004 and in Tumen on June 2-5, 2004.
- **FCMC Course** was held in Orenburg on June 14-26, 2004.
- A workshop on formatting of the **Antenatal Course** was held in Moscow on June 28-29, 2004.
- The core group of MCHI trainers was enlarged by six trainers on Family Planning, two trainers on Breastfeeding and two FCMC trainers.

**Monitoring and Evaluation**

- **MCHI Baseline Facility-based survey** was finished in sites on May 10, 2004.
- **Data from MCHI sites** were sent to the MCHI Moscow office for checking and cleaning in May, 2004.
- **MCHI database** on Baseline Facility-based survey was prepared for final analysis in June 2004.

## 2.3 Performance

**Site visits**

- Initial visits to six MCHI newly selected sites were carried out in April-May, 2004. (Four visits were performed prior to this report in March 2004.
  Site visits to such regions as Komi, Tumenskaya, Omskaya, Irkutskaya oblasts, Barnaul and Krasnoyarsk cities were implemented in April-May, 2004. The members of MCHI Interregional Working Group with a representative of MCHI staff visited the mentioned sites to help in policy development and needs assessment, to discuss and finalize a draft of the MCHI implementation plan in each region. All the leaders of Oblasts' Health Care Administration are very interested in implementation of the MCHI.
  During the visit to Tumenskaya Oblast the Deputy Governor has paid great attention to the project and proposed to disseminate the project's experience throughout the oblast and due to her request one more city of Tumenskaya oblast – Tobolsk was included into the MCHI.
  The visits were highlighted in the local Mass Media.
  Thus, all new regions were covered by the initial visits.

Collaboration with Russian Society of Obstetricians-Gynecologists (RSOG)

- Beth Gragg, Senior Advisor "World Education" visited Moscow in June to initiate capacity building activities with RSOG, including the baseline assessment of viable options for helping to strengthen the RSOG without overextending the MCHI project. The purpose of the meetings with the leaders of RSOG was to help MCHI determine the extent to which the RSOG could be engaged in a capacity building process. Meetings took place in Moscow on June 15, 2004 and in Kaluga on June 21-22, 2004. Participants of the meeting were Dr. V.N. Serov, I.Savelieva, Dr. K.G.Serebrennikova, Dr. V.Radzinsky, and Dr. N. Podzolkova.
  During the meeting in Moscow there were discussed all the issues related to the collaboration between MCHI and RSOG.
  In Kaluga meetings were held with the Head of RSOG in Kaluga region, Irina Novitskaya, and the Head of Health Department of Kaluga region Dr. V.S. Tsukanov.
  The purpose of the discussions was to help MCHI to get a better understanding of the possibilities for collaboration with the RSOG, both at central and regional levels. RSOG members shared the Society's goals and objectives, its major activities, its structure, how the Board of the Society is constituted and how it works, the relationship between the Central Society and the Regional Societies.
  As a result of the meetings there was sent a proposal to RSOG to stimulate the collaboration process, outlining the possibilities for capacity building. The proposal included a plan of the first steps to be made for collaboration such as developing guidelines, providing training support, initiating independent, regional level pilot program of working with the regional branches of RSOG and writing articles for publication in the Society's Journal.

**MTCT activities**

- **MTCT/HIV activities** were observed by COP, Natalia Vartapetova, and Project Coordinator, Anna Karpouchkina in Saint-Petersburg on May 18-20, 2004. The aim of the visit was to collaborate with the Federal Scientific Center for Prevention of MTCT/HIV among pregnant women and children. During the visit the MCHI representatives met with the Head of the Center – Voronin E.E. Among the objectives of the meeting were such as: to create a strategy to improve prevention of MTCT in pilot regions, to plan mutual activities for medical providers on MTCT prevention, to coordinate activities with the regional centers on HIV/AIDS prevention.

  During the visit the MCHI representatives also met with representatives of "Saint-Petersburg School of Perinatal Medicine and Reproductive Health". The objectives of the meeting were to get acquainted with the new people, collaborating with the School and WHO experts, to attract them as new trainers for conducting FCMC courses.

  MCHI representatives also got acquainted with the work on prevention of MTCT/HIV and made contacts with international organizations, working with the USAID, such as Humanitarian Action Project and Elizabeth Gleiser Foundation.

**Training activities**

- **Reproductive Health and Family Planning training of trainers** (TOT) was conducted in Moscow on May 17-22, 2004. The facilitators of the course were Savelieva I.S., Head of Department of International Scientific Programs, Research Center of Obstetrics, Gynecology and Perinatology, project expert on FP and Reproductive Health, MD PhD, and Sereberennikova K.G., Professor of the Obstetrics, Gynecology and Perinatology, Sechenov State Medical Academy, Doctor of Medicine. The total number of participants was 38 people from every MCHI pilot region, including Perm and Velikiy Novgorod. The course contained training on adult learning principles, training/teaching methodology, interactive and effective training techniques. All the participants received participants' handbooks, so that they could conduct future on-the-job trainings and training courses**.** By the end of the training participants not only learned the complexity of the training courses and the principles of the adult learning, but also had an experience in developing their own training outline, based on the knowledge they got (the content was the same, but the format of the session was different: role-play, small group discussions, etc). Thus, each participant had an opportunity to design and practice sessions for the family planning counseling training. Most of the participants were anxious to start their own training activities. The most active and skillful people from some regions were invited to act as co-trainers during conducting family planning trainings at sites (Attachments # 3, 4 – Agenda and the List of Participants).

- **Family Planning Training Courses** in Kaluga and Vologda were held on May 24-28, 2004, and on June 7-10 a course was held in Irkutsk.

  *Training Course in Kaluga.* The training was conducted by MCHI experts Drs. I.S.Savelieva, K.G.Serebrennikova. The training course was attended by obstetricians-gynecologists, pediatricians and midwives from Kaluga, Murmansk and Perm. Fifty-three participants were trained in modern methods of contraception, general principles of family planning counseling and communication skills and essential elements of providing quality postpartum and postabortion family planning services. All the participants

expressed great satisfaction with training and trainers and wished to participate in other Project training courses. The seminar was highlighted in the local Mass Media. (Attachments # 5,6– Agenda and the List of Participants).

*Training Course in Vologda*. Drs. A.V.Samarina, E.A.Pashukova facilitated the course in Vologda. Medical providers from Vologda and Komi region participated in the training. There were 45 participants. The goals of the training were to update physicians' knowledge of the reproductive health issues, to update family planning and contraception knowledge and to transfer knowledge and skills on family planning counseling. After the training participants from Vologda organized a visit to Maternity # 1 for the participants of Komi region to show them changes in the practices after the site visit of the MCHI team. (Attachments # 7, 8– Agenda and the List of Participants).

*Training Course in Irkutsk.* In Irkutsk one of participants of the Moscow TOT Family Planning course - Nina Kravchuk was a co-trainer together with Elena Kuznetsova, the professor assistant of Izhevsk Medical Academy. Her experience as a trainer was successful, and the Project is planning to invite N.Kravchuk as a trainer in future. Medical providers from Irkutsk, Bratsk and Krasnoyarsk were invited to participate in the course. During the training such issues as reproductive health of Russian Federation in general, family planning services, methods of contraception, postpartum and postabortion contraception, contraception for adolescents, contraception for women over 40, contraception and extragenital diseases and family planning counseling were discussed. Much attention was paid to HIV/AIDS prevention. The participants valued the course and noted that it highly surpassed their expectations. Some participants were so inspired by the interactive methods of teaching that they even wrote some rhymes about family planning. The seminar was highlighted in the local Mass Media. (Attachments # 9, 10- Agenda and the list of participants).

- **Breastfeeding Counseling Training Courses** were conducted in Krasnoyarsk on May 24-28, 2004 and in Tumen on June 2-5, 2004.

  *Training Course in Krasnoyarsk.* The course in Krasnoyarsk was facilitated by the project expert trainers Elena Safronova, Marina Mamoshina, Liudmila Romanchuk and Marina Chernova. As co-trainers the project invited representatives of Krasnoyarsk City Center for Breastfeeding. Medical providers from Barnaul city, Irkutskaya Oblast (Irkutsk and Bratsk) and Krasnoyarsk participated in the training. Total number of participants was 51. Much attention was paid to the issues of MTCT prevention. Participants gave positive evaluation of the training. They noted high level of professional and communicational skills of trainers—and the interactive training techniques implemented through the training. Among suggestions received from participants were - to receive more additional information on the topics closely connected to the content of the curriculum, for example LAM, newborn care, practical aspects on counseling skills and video materials. (Attachments # 11, 12– Agenda and the List of Participants).

  *Training Course in Tumen.*

  Another Breastfeeding Training Course was conducted in Tumenskaya oblast. MCHI trainers – Tatiana Dinekina, Luidmila Shmarova, Marina Chernova facilitated the event. MCHI used this opportunity to train new breastfeeding trainers by inviting two participants from Komi region – Tatiana Lyurova, from Kaluga – Margarita Borovikova. As in Krasnoyarsk, the course presented modern principles of breastfeeding, the Code of

Marketing of the Breastfeeding Substitutes and the special considerations of feeding children born by HIV positive mothers. All participants were satisfied with the course. Among the participants were medical providers of Omskaya oblast, Orenburg, Tumenskaya oblast (Tumen and Tobolsk). (Attachments # 13, 14 – Agenda and the List of Participants).

- **FCMC Course** was held in Orenburg on June 14-26, 2004. MCHI and WHO experts on FCMC conducted the course. The course was highly evaluated by participants. They noted that training initiated change in their thinking and attitudes. They pointed importance of evidence-based medicine session. For most of them this topic was absolutely new as well as the non-pharmacological pain relief topic. Participants liked the topic on psychological aspects of relationships between a mother and a baby. The great impressions of most participants were related to clinical week, because during the clinical week the participants could apply new skills at practice. Participants of the course supported interdisciplinary approach applied in the seminar (among participants and trainers were ob-gyn, neonatologists, midwifes). Infection topics were discussed with participation of epidemiologists. Mass-media were invited to the course for reporting about this training event.
  During the training two more trainers from Perm region were trained. (Attachments # 15, 16 – Agenda and the list of participants).

- A workshop on revising, updating and **formatting of the Antenatal Course** was held in Moscow on June 28-29, 2004. The idea of the meeting was to refine the antenatal training course, based on the up-to-date evidence-based materials of WHO and Royal College of Obstetricians-Gynecologists. The course revision workshop was facilitated by a representative of "World Education" Katherine Shields. The objectives of the meeting were to review the WIN antenatal course, considering its objectives, design, schedule, methodology, materials, participants, facilitators and evaluation. MCHI trainers and experts and representatives of "Mother and Child Health Project" (Ukraine) and "Early Intervention Project" (Velikiy Novgorod) participated in the workshop. Before the meeting participants received some specific questions about the formatting of the course, so during the workshop they all brought their own ideas on how the make the course better. Everybody agreed that such issues as MTCT/HIV prevention should be included in the course. Following the workshop, Katherine Shields visited some clinical facilities to better assess the training needs of providers and to also assess the use of and relevance of Cue Cards. Revisions to and reformatting of the content of the curriculum will be made by the participants of the workshop and submitted for review by Project staff in August. (Attachments # 1, 2– Agenda and the List of participants).

**Monitoring and Evaluation System**

- **MCHI Baseline Facility-based survey** was finished in sites on May 10, 2004. Each region appointed people, responsible for the data entry at sites. After the data was collected they began data entry. Data entry was completed at sites on May 20. 2004. Each questionnaire was entered twice to ensure the quality of the database.

- Data from MCHI sites were sent to the MCHI Moscow office for checking and cleaning in May, 2004. Data quality has been assessed, and in case of mistakes it was sent back to the sites for cleaning and correcting.
- **MCHI database** on Baseline Facility-based survey was prepared for final analysis in June 2004. After all the databases from the sites were corrected there was prepared a composite MCHI baseline database. The data was sorted and reported both ways by region and as a composite for all intervention regions. The database includes: 4545 questionnaires from antenatal clients, 4585 questionnaires from postpartum clients, 3491 questionnaires from abortion clients, 4888 questionnaires from clients of women's consultations.

**Collaboration with other projects and organizations**

- JSI/Healthy Women in Georgia clinical Training Advisor, Nuriye Ortayli, visited JSI/Russia on April 26-30, 2004. She was oriented to the training curricula of MCHI and discussed training experience and lessons learned with the MCHI program staff.

- MCHI COP, Natalia Vartapetova, made a visit to AIHA PMTCT Project in Odessa, to learn about the AIHA partnership program as background for PMTCT Project on May 25-27, 2004.

- During the visit to Saint-Petersburg on May 18-20, 2004, MCHI COP, Natalia Vartapetova, met with representatives of Early Intervention Institute (EII) and agreed on collaboration with the branch of the Institute in Velikiy Novgorod.

- Larissa Samarina, Head of the EII in Velikiy Novgorod participated in the course on formatting the Antenatal Course and to review FCMC materials.

- Tamara Irkina, Specialist on Clinical Issues, JSI "Maternal and Child health Project", Ukraine participated in the Antenatal course revision workshop. Ukrainian Project plans to adapt the training materials developed by MCHI to its activities.

**Section 3: Selected Up-coming events**

- FCMC course will be held in Irkutsk region on August, 31 – September 10, 2004.
- MTCT workshop in Irkutsk region is to be conducted on September, 13-14, 2004.
- Breastfeeding and Family Planning training activities are to be continued in September-October.
- JSI/MCHI session at the National "Mother and Child" Congress, October, 12, 2004.
- Expand MCHI into two additional regions, located in the Far East. Visits will be made to new MCHI sites of Primorskiy and Khabarovskiy regions, to launch the expansion in September.
- Complete the final analysis of the baseline survey data and draft a Baseline Survey Report in August.
- Complete the revision and reformatting of the Antenatal Curriculum.

The Maternal and Child Health Initiative, Russia
Quarterly Report

**Contractor: John Snow, Inc.**

**Contract Number: HRN – I -00-98-00032-00. Delivery Order No.: 813**

**Reporting Period: July-September, 2004**

## Section 1: Background

### 1.1. Description of Task Order Objectives

The purpose of the Maternal Child Health Initiative (MCHI) Task Order is to ensure the adoption of internationally recognized MCH standards and practices by the targeted health facilities in Russia.

MCHI contributes to USAID/Russia's Strategic Objective, SO 3.2: *Use of Improved Health and Child Welfare Practices Increased.* Indicators directly related include: Indicator 3.2.3: *Abortion rates*, the Intermediate Result 3.2, IR1: *Access to More Effective Primary Health Care (PHC) Services Increased,* and its indicator: *Number of health facilities implementing evidence-based maternal and child health (MCH) care practices.*

**1.2. Expected Results:** To address the mentioned objective, upon the completion of the project the following results will be achieved:

- A Russian organization with a strong MCH mandate empowered, strengthened, and able to continue the promotion and provision of MCH innovations in Russia beyond the period of USAID's assistance.
- Internationally recognized standards and USAID promoted MCH practices adopted by targeted health facilities in at least ten regions of the Russian Federation, in addition to the two WIN Project's pilot regions.
- The abortion rate reduced in the targeted regions.
- Use of modern contraceptives as a mean to prevent unwanted pregnancies increased in the targeted regions.
- Youth-friendly services introduced and adopted by selected regions based on their unique needs and circumstances.
- Access to reproductive health services and information for men increased in the targeted regions.
- Introduction of newly developed protocols and internationally recognized standards into basic medical school educational materials initiated.

***July 1st, 2004. Contract modification was signed and the following additional results were added.***

- MCHI practices integrated in two more regions in the Russian Far East.
- Family planning services with a special focus on post-partum and post-abortion clients strengthened in all MCHI regions.
- A comprehensive reproductive health program for youth developed and implemented in at least two MCHI regions.
- Hepatitis B vaccination program for adolescents implemented in partnership with Vishnevskaya-Rostropovich Foundation (VRF) in the Far East.
- Early Intervention model developed by USAID-funded Assistance to Russian Orphans Program (ARO) integrated in MCHI model.
- A collaborative model on PMTCT-plus developed and implemented together with ARO in Irkutsk and other regions.
- New activities included and monitored in the overall monitoring and evaluation plan. Overall project results documented and disseminated in the pilot regions and nationwide.

**Section 2: Current Activities**

2.1 Administrative Activities

- MCHI financial reports for 9 months period were presented to the Social Insurance Fund, Statistics Department and Tax Inspection of the Russian Federation.
- Agreements on technical assistance and cooperation were signed between JSI Moscow Office and 2 Far East regions such as Khabarovskiy and Primorskiy regions.
- A sub-contract with Vishnevskaya-Rostropovich Foundation (VRF) was discussed, agreed and approved by USAID/Russia.

## 2.2 Summary of the program activities

**Replication Strategy Policy Development Activities**

- COP, Natalia Vartapetova, and Project Coordinator, Anna Karpoushkina, participated in the Russian National Congress "Man and Health", held in Irkutsk on September 2-3, 2004, there was made a presentation on the MCHI.
- COP, Natalia Vartapetova had a meeting with Leaders of Irkutsk oblast on September, 2, 2004.
- During the meetings to Saint-Petersburg, held on September 21-22, 2004 there was signed a Memorandum of collaboration between MCHI and International School of Perinatal Medicine.

**Activities in the Far East regions**

- Information letters to the new Far East regions were prepared and sent in July, 2004.
- Working meeting with representatives of Health Departments of Khabarovsk and Vladivostok took place in September during the PMTCT meeting in Irkutsk.
- Initial visits to two newly selected Far East sites were carried out in September, 2004.

**Collaboration with Vishnevskaya-Rostropovich Foundation (VRF)**

- In September, 2004, MCHI representatives visited a presentation of results of Vishnevskaya-Rostropovich Foundation (VRF) activities in Saint-Petersburg, VRF office in Saint-Petersburg and discussed plan of collaboration.

**Collaboration with Assistance to Russian Orphans Program (ARO)**

- Early Intervention Institute models were included into the MCHI FCMC and Antenatal training courses.
- Representatives of Irkutsk Red Cross participated in the MCHI PMTCT meeting held in Irkutsk in September, 2004.

Collaboration with Russian Society of Obstetricians-Gynecologists (RSOG)

- Preparation for the JSI Session at the RSOG conference entitled "Implementing modern MCH/RH Practices in Eastern Europe and NIS. JSI Experience in the frame of intergovernmental collaboration" took place in the period of August-September, 2004.
- Preparation and publication of JSI abstracts for the RSOG conference took place in September 2004.

**MTCT activities**

- Printed materials on PMTCT were agreed with Healthy Russia 2020 in July, 2004.
- PMTCT meeting with participation of MCHI regional coordinators and representatives of HIV/AIDS Prevention Centers was held in Irkutsk on September 13-14, 2004.
- Meetings of COP, Natalia Vartapetova, and Project Coordinator, Anna Karpoushkina, with PMTCT leaders took place on September 21-22, 2004 in Saint-Petersburg.
- COP, Natalia Vartapetova, and Project Coordinator, Anna Karpoushkina, participated in the National Conference on HIV/AIDS Prevention in Suzdal on September 28- 30, 2004 and a presentation "The necessity of improving counseling women of reproductive age on the HIV/AIDS prevention. Results of MCHI multicentral survey" was made by Natalia Vartapetova.

**Training activities**

- **FCMC Course** was held in Irkutsk on August 30 – September10, 2004.
- **Family Planning Training Courses** in Tumen and Omsk were held on September 27-30, 2004.
- **Breastfeeding Counseling Training Courses** were conducted in Vologda and Kaluga on September 27-October 1, 2004.
- **Revision and updating of the Antenatal and Breastfeeding courses** was made in July-August, 2004.

**Monitoring and Evaluation**

- **MCHI Baseline Facility-based survey** data analysis was completed in July, 2004.
- **Facility-based survey report** 1st draft was completed in August, 2004 and submitted to USAID.
- **MCHI Baseline Assessment report** 1st draft was completed in August, 2004 and submitted to USAID.

## 2.3 Performance

**Replication Strategy Policy Development Activities**

- COP, Natalia Vartapetova, and Project Coordinator, Anna Karpoushkina, participated in the Russian National Congress "Man and Health", held in Irkutsk on September 2-3, 2004. During this Congress Natalia Vartapetova made a presentation on "Implementing of Modern Standards of Health Care for Women and Infants: MCHI experience". MCHI materials were disseminated among the participants of the Congress. New contacts were established with Health Care leaders of Siberian region.

- COP, Natalia Vartapetova had a meeting with Leaders of Irkutsk oblast on September, 2, 2004. During the meeting with Head of Health Care Department of Irkutskaya oblast, Michael Kosheev, a plan of future MCHI activities in the region was discussed. Dr. Kosheev expressed deep gratitude and satisfaction with MCHI realization in Irkutskaya Oblast.

- There were conducted several meetings of MCHI COP, Natalia Vartapetova, with the Head of International Department of Saint-Petersburg Health Committee, Dean of Medical Faculty of St. Petersburg State University, Dr.Petrov S.V., and the Head of International School of Perinatal Medicine., Dr. Mikhailov A.V., in September 21-22, 2004. During these meetings there was signed a Memorandum of collaboration between 4 sides and a plan of collaborative activities was developed. As a result of it representatives of MCHI regions will participate in the training course, organized by the School in November in Saint-Petersburg.

- Natalia Vvartapetova met with MCHI infection control experts in September, 2004 to discuss and agree about a work plan on establishment Infection Control System in Perm region.

**Activities in the Far East regions**

- In July, 2004 it was confirmed by USAID/Russia that MCHI would be expanded into two additional regions, located in the Far East. Information letters to the new Far East regions were prepared and sent in July, 2004. The time for site visits to be made into these regions was determined.

- Working meeting with representatives of Health Departments of Khabarovsk and Vladivostok took place in September during the PMTCT meeting in Irkutsk. During this meeting there were discussed plans for coming activities in the new regions and the schedule for implementation of these activities.

- Initial visits to two MCHI newly selected sites such as Khabarovskiy and Primorskiy regions were carried out in September, 2004. The members of MCHI Interregional Working Group (IWG) with a representative of MCHI staff visited the mentioned sites to help in policy development and needs assessment. Members of IWG made presentations of the MCHI for representatives of health care authorities of the Oblast and City levels.

During the site visits it was confirmed that the Project would be implemented in 4 cities of Far East region. During the visits members of IWG visited 4 pilot perinatal centers and met with Chief Doctors of these facilities.
In Khabarovsk members of IWG met with the Head of HIV/AIDS Prevention Center and members of Academy of Post-graduate education. During the visit to Khabarovskiy kray there were meetings with representatives of regional branch of RSOG.

**Collaboration with Vishnevskaya-Rostropovich Foundation (VRF)**

- MCHI representatives visited a presentation of results of Vishnevskaya-Rostropovich Foundation (VRF) activities in Saint-Petersburg. COP, Natalia Vartapetova, and Project Coordinator, Anna Karpoushkina visited VRF office in Saint-Petersburg and discussed collaboration in Primorskiy region.

**Collaboration with Assistance to Russian Orphans Program (ARO)**

- Early Intervention Institute models were included into the MCHI FCMC and Antenatal training courses. During the FCMC training in Perm participants were trained according to these models.

- Representatives of Irkutsk Red Cross participated in the MCHI PMTCT meeting held in Irkutsk in September, 2004. As a result of Red Cross participation in the meeting they have got recognition at Irkutsk Health Department.

Collaboration with Russian Society of Obstetricians-Gynecologists (RSOG)

- Preparation for the JSI Session at the RSOG conference entitled "Implementing modern MCH/RH Practices in Eastern Europe and NIS. JSI Experience in the frame of intergovernmental collaboration" took place in the period of August-September, 2004. During this period the agenda of the JSI Session at the National "Mother and Child" Congress was discussed and agreed. There were negotiations about the JSI booth during the Congress, where all materials produced by the MCHI and other Projects, implemented by JSI in Eastern Europe and Central Asia would be exhibited. JSI abstracts for the RSOG Conference were prepared, translated and sent for publication in the RSOG manual.

**MTCT activities**

- Printed materials on MTCT were agreed with Healthy Russia 2020 in July, 2004. It was decided that the production of the materials would have been completed by November, 2004. All these materials would be disseminated among the MCHI regions.

- PMTCT meeting with participation of MCHI regional coordinators and representatives of HIV/AIDS Prevention Centers was held in Irkutsk on September 13-14, 2004. Professor, A.T.Goliusov, Head of the Department for HIV/AIDS control, Federal Service of the Russian Federation for Surveillance in Consumer Rights Protection and Human Welfare, presented the key priorities in HIV/AIDS prevention in RF. Representatives of Irkutsk Red Cross also participated in the meeting and made a presentation on "Organization of medical supervision of HIV-positive women at place of residence. Problems of adherence of HIV-positive pregnant women to chemotherapy. Experience of Irkutsk department of Red Cross". Medical Advisor on MCH, HIV/AIDS issues of AIHA PMTCT Project in

Odessa (Ukraine), Natalia Nizova, Chief of Methodological Center for Quality, Anna Korotkova, representatives of Elizabeth Gleiser Foundation were among the participants of the workshop. During the meeting MCHI COP, Natalia Vartapetova, spoke about MCHI activity in the field of improving medical service for mothers and infants. She underlined the goals of the Project in the field of PMTCT. Sylva Etian, USAID/Russia Office of Health Deputy Director, highlighted the USAID strategy on PMTCT in Russia. Regional coordinators and representatives of HIV/AIDS prevention centers discussed the problems, existed in their regions and the ways of solving them. As a result of the workshop it was decided to create MCHI working group to develop clinical guidelines on PMTCT issues, to develop indicators to measure PMTCT in the regions, and it was decided to use a web-portal, created by QA Project for the need of MCHI PMTCT activities. This web-portal will provide access for all members of the working group to share experience and materials in the field of PMTCT. The federal newspaper "Medical Newspaper" published an article on the meeting. The event was highlighted in the local Mass Media and regional TV channel invited Natalia Vartapetova to give interview on the air about the MCHI implementation. (attachments 1,2 - agenda and the list of participants).

- Meetings of COP, Natalia Vartapetova, and Project Coordinator, Anna Karpoushkina, with PMTCT leaders took place on September 21-22, 2004 in Saint-Petersburg. During this visit to Saint-Petersburg there was signed a Memorandum of collaboration with "Future without AIDS" Foundation, headed by prof. E.Voronin.

- COP, Natalia Vartapetova, and Project Coordinator, Anna Karpoushkina, participated in the National Conference on HIV/AIDS Prevention in Suzdal on September 28- 30, 2004. Natalia Vartapetova made a presentation on the MCHI "The necessity of improving counseling women of reproductive age on the HIV/AIDS prevention. Results of MCHI multicentral survey". MCHI representatives met with national and international leaders, working in the field of HIV/AIDS prevention.

**Training activities**

- **FCMC Course** was held in Irkutsk on August 30 – September10, 2004. MCHI experts on FCMC conducted the course. 20 participants were involved in the course from Irkutsk and Bratsk cities. The course met the learning and clinical objectives. The course was highly evaluated by the participants. The great impressions of the course were caused by the clinical week, because the participants could apply new skills on practice. Irkutsk Health Department did their best to organize the event on a high level. (Attachment 3, 4 - agenda and the list of participants).

- **Family Planning Training Courses** in Tumen and Omsk were held on September 27-30, 2004. 60 medical providers from Omsk, Tara, Tumen and Tobolsk were trained during the courses. All the participants expressed deep gratitude to the MCHI for organizing such events. People, who were trained during Family Planning TOT course, held in May, 2004 facilitated the events in both regions. Participants got new knowledge in the field of modern methods of contraception. Much attention was paid to HIV/AIDS prevention and male involvement into the process of counseling. Participants got

appropriate answers to all the questions arisen. The participants valued the course and noted that it highly surpassed their expectations. All of them wished the next trainings top be conducted in their cities. (Attachments 4,5, 6,7 - agenda and the list of participants).

- **Breastfeeding Counseling Training Courses** were conducted in Vologda and Kaluga on September 27-October 1, 2004. The whole number of participants for both training courses was 60 people. The courses were facilitated by the MCHI experts - Tatiana Dinekina, Liudmila Shmarova, Marina Maksimova, Elena Safronova, Margarita Borovikova and Marina Mamoshina. During the courses much attention was paid to the MTCT prevention. The courses presented modern principles of breastfeeding. All the participants were satisfied with the courses. They evaluated the given information as highly useful and necessary. (Attachment 8,9,10, 11 - agenda and the list of participants).

- **Revision and updating of the Antenatal and Breastfeeding courses** started on July 7, 2004. Revisions to and reformatting of the content of the curriculum was made by the experts participated in the workshop on updating of the Antenatal course. Each of the experts wrote a session on particular topic. After all the sessions were completed, they were sent to Katherine Shields (World Education) to make the course complete. And by the middle of September the whole course was submitted to MCHI Moscow office for revision and translation. The course will be translated and ready for application in the beginning of November, 2004.
  As for Breastfeeding course, MCHI experts updated sets of presentations, and included photos from the MCHI pilot facilities there. They also added information about family planning counseling`, MTCT prevention. During the training courses in Vologda and Kaluga the updated course was used.

Monitoring and Evaluation System

- **MCHI Baseline Facility-based survey** data analysis was completed in July, 2004.
  **Facility-based survey report** 1st draft was completed in August, 2004 and submitted to the USAID. This report presents the results of the MCHI baseline facility- based survey. This survey of clients in targeted facilities specifically aimed to obtain baseline information on client reports of their experiences and satisfaction with the care they receive. Survey was conducted and data were entered in sites between March 15th and May 15th 2004. The first draft of the report presents some basic findings which were produced as a result of the first step of analysis. Results of the survey demonstrate existing needs in training for all types of providers with focus on evidence-based-practices and counseling skills.

- **MCHI Baseline Assessment report** 1st draft was completed in August, 2004 and submitted to USAID. This report describes findings of the baseline pre-intervention assessment conducted in the frame of MCHI. Some of them are as follows: there is a strong policy support for the MCHI Project implementation in the selected regions; high need for training activity on the project interventions (antenatal care, FCMC practice, breast feeding, MTCT prevention, family planning) and improvement of infection control practice in maternities in accordance with modern evidence-based standards exist; management, san-epi control and academic people are to be involved in trainings,

conducting follow-up visits of MCHI experts; high need in information materials for providers and clients were identified, good support from the state HIV/AIDS prevention services to strengthen PMTCT practices were received. There are some good examples of advocacy and intersectoral cooperation (Orenburg, Kaluga, Tyumen and Barnaul) to promote MCHI messages at the community.

**Other MCHI activities**

- **MCHI Team Retreat** was conducted on July 19-23, 2004. The retreat was held in the Moscow country-side, hotel "Zarya". The retreat was organized in order to discuss the work, implemented during the 1st year of the Project, objectives achieved, lessons learned and the results of the work to be summed up. During the retreat there were determined the key steps for future activities such as: new tasks – 2 far East regions, HIV/AIDS and STI's prevention, Youth-Friendly services, Male-Friendly services. There was also developed a timeline for conducting training courses for the period of September-December, 2004. One of the objectives of the retreat was to discuss collaboration with the key MCHI partner RSOG and other partners such as Early Intervention Institute**,** ARO/Red Cross, School of Perinatal Medicine of Saint-Petersburg, Vishnevskaya-Rostropovitch Foundation. (Attachment 12, 13 – agenda and the list of participants).

**Collaboration with other projects and organizations**

- **ARO**: Irkutsk Red Cross, a recipient of ARO grant, actively works in Irkutsk oblast, one of MCHI region. Their experience in women counseling on HIV/AIDS prevention and in PMTCT was used for FCMC course in Irkutsk region in September 2004. They were invited to participate in the conference of MCHI devoted PMTCT to present their experience in this field. As a result of Red Cross participation in the meeting they got recognition of Irkutsk Health Department.

- **AIHA:** Medical Advisor on MCH, HIV/AIDS issues of AIHA PMTCT Project in Odessa (Ukraine), Natalia Nizova participated in the MCHI PMTCT workshop, held in Irkutsk in September, 2004.

- **QA:** Chief of Methodological Center for Quality, Central Public Health Research Institute, Anna Korotkova, participated in the MCHI PMTCT workshop, held in Irkutsk in September, 2004.

- **Elizabeth Gleiser Foundation:** Representatives of Elizabeth Gleiser Foundation participated in MCHI PMTCT workshop, held in Irkutsk in September, 2004.

- MCHI signed a Memorandum of collaboration with International School of Perinatal Medicine of Saint-Petersburg. As a result of it representatives of MCHI regions will participate in the training course, organized by the School in November in Saint-Petersburg.

- There was signed a Memorandum of collaboration between MCHI and "Future without AIDS" Foundation, headed by prof. E.Voronin.

**Section 3: Selected Up-coming events**

- **JSI EE/EA Regional Meeting** to be held in Moscow on October 11-14, 2004.
- **JSI Session at RSOG Conference**, to be held in Moscow on October 12, 2004.
- **Newborns Resuscitation Training Course** to be conducted in Cheliabinsk on October 18-22, 2004.
- **FCMC Training Course** to be conducted in Perm on October 25-November 5, 2004 for Omsk and Barnaul representatives, in Vologda in November, 2004 and Kaluga in December, 2004.
- **Breastfeeding training course** to be conducted in Khabarovsk on November 22-26, 2004.
- **Baseline evaluation** in Khabarovskiy and Primorskiy regions will take place in November-December, 2004.

**QUARTERLY PERFORMANCE REPORT**

# TASC Task Order: Logistics Technical Assistance/South Africa

**Reporting Period: October 1 through December 30, 2003**

Contractor: John Snow, Inc.
Contract Number: OUT-HRN-I-806-98-00032-00
Person Completing Report: John Wilson

Narrative

## Article I. Background

The objective of this Task Order is to provide long and short-term technical assistance to the South African National Department of Health (NDOH) and NGOs to establish an effective and efficient procurement, distribution and monitoring system for male and female condoms. The central feature throughout this activity is to build the capacity at national and provincial levels, within the DOH, to design, maintain, and utilize an effective logistics system.

## Article II. Expected Results

The Task Order lists 13 key results and anticipates additional results:

- Situation Analysis completed
- Five year forecast completed for condom procurement
- Field Site sampling completed
- Review of tracking system
- Training needs identified
- Training plan developed, implemented and continually updated
- Condom logistics management system developed
- Monitoring and Evaluation Program developed and implemented
- Quality assurance measures developed
- Staff trained in quality assurance
- Policy awareness campaign developed and implemented
- Logistics Managers, service providers, provincial/national directors and health facility managers trained on condom logistics
- LMIS system reviewed and revised

## 3. Current Activities

The two key Activity Areas for this reporting period were researching existing technologies in South Africa to assist in the ARV roll out and the survey to investigate condom distribution at secondary and tertiary levels.

- **Condom Distribution/Logistics Management Information Systems (LMIS) Training**

Through the Logistics Management Information System (LMIS) a total of 47,035,000 male condoms and 362,000 female condoms were delivered in the reporting period to the primary distribution sites that the NDOH is responsible for.

A total of 87 participants were trained in logistics and LMIS comprising 42 district managers in Gauteng and 45 TB service providers in Free State Province (integrated training programme). In addition, an LMIS workshop was held for 9 SANDF and 5 Correctional Services staff.

- **Patient Tracking and Information Systems for the ART Roll Out**

During the reporting period the Chief Director, HIV/AIDS & TB, requested JSI to make an assessment of what technologies were currently available in South Africa in terms of patient management and tracking systems that may have potential in assisting in the anticipated ARV roll out programme. The assessment was to make recommendations on what supplementary systems would be required in the event that current systems would not be able to fully accommodate the information requirements for the roll out, particularly in terms of generating NDOH indicators for purposes of monitoring and evaluation.

- **Condom Distribution Survey at Secondary/Tertiary Levels**

The LMIS tracks condom distribution to the primary sites but little was known about how condoms are distributed from the primary sites in terms of quantities by category of site.

Bin card data from a 30% random sample of primary sites was analyzed for a three-month period, July – September, 2004. Data were aggregated by province and category of recipient. `

- 54% of condoms were issued to public sector sites: clinics, hospitals, and government offices (including municipalities)
- 25% of condoms went directly into community outreach activities: taxi ranks, spazas, shebeens, railway stations, township kiosks and shopping centers
- 8% of condoms went to NGO organizations
- 8% of condoms went to private companies
- 5% of condoms went to Parastatal organizations

It is interesting that only just over half of the condoms are distributed through public sector sites and one quarter or condoms are distributed through “non-traditional” outlets, highlighting the growing importance of condom distribution through channels other than clinical settings.

❖ **Participation in National HIV/AIDS & STI Meetings/Conferences and International Meetings**

- LMIS staff participated in the JSI/DELIVER M&E Workshop October 5-11, Kopanong Conference Centre, Benoni. JSI/South Africa identified sites for field visits
- LTA provided orientation for USAID/Nepal office of health staff on logistics management support to the National Department of Health in South Africa
- LTA and LMIS Specialist attended annual DELIVER technical meetings in Washington, D.C. October 20-31
- JSI/SA Project Accountant/HR attended USAID training in Washington D.C. and JSI orientation in Washington and Boston November 7-12
- LMIS Specialist attended Free State ARV Readiness Symposium, November 17
- LMIS staff attended World AIDS Day December 1 in Bloomfontein presided over by Deputy President Zuma and the Minister for Health. Conducted visit to local ATIC regarding condom distribution

**4. Performance**

All activities are on target at the end of this reporting period.

JW: October 20, 2004

**QUARTERLY PERFORMANCE REPORT**

# TASC Task Order: Logistics Technical Assistance/South Africa

**Reporting Period: January 1 through March 31, 2004**

Contractor: John Snow, Inc.
Contract Number: OUT-HRN-I-806-98-00032-00
Person Completing Report: John Wilson

Narrative

## Article III. Background

The objective of this Task Order is to provide long and short-term technical assistance to the South African National Department of Health (NDOH) and NGOs to establish an effective and efficient procurement, distribution and monitoring system for male and female condoms. The central feature throughout this activity is to build the capacity at national and provincial levels, within the DOH, to design, maintain, and utilize an effective logistics system.

## Article IV. Expected Results

The Task Order lists 13 key results and anticipates additional results:

- Situation Analysis completed
- Five year forecast completed for condom procurement
- Field Site sampling completed
- Review of tracking system
- Training needs identified
- Training plan developed, implemented and continually updated
- Condom logistics management system developed
- Monitoring and Evaluation Program developed and implemented
- Quality assurance measures developed
- Staff trained in quality assurance
- Policy awareness campaign developed and implemented
- Logistics Managers, service providers, provincial/national directors and health facility managers trained on condom logistics
- LMIS system reviewed and revised

## 3. Current Activities

The three key Activity Areas for this reporting period were the transition from traditional field support funding mechanisms to the President's Emergency Plan (PEPFAR) funding, biometrics and smart card concept development for ART, and logistics management in preparation for the launch of the new public sector branded choice™ condom.

- **Condom Distribution/Logistics Management Information Systems (LMIS) Training**

A total of 39,037,000 male condoms and 238,000 female condoms were delivered in the reporting period to the primary distribution sites that the NDOH is responsible for. During this time period, remaining stocks of "red ribbon" condoms were dwindling. In preparation for the launch of choice™ condoms, it was important to ensure that the new brand was available at the community level prior to the actual launch (advertising and marketing best practice indicates the product must be readily available prior to a launch so that individuals can access the product as soon as they hear or see the messaging). It was also important to minimize wastage of red ribbon condoms by reducing stocks as much as possible without causing stockouts as it was hypothesized that once choice™ was available, there would be a very strong public preference for choice™.

To this end, the logistics unit began an intra-provincial redistribution effort to reduce red ribbon stocks to a minimum before introducing the new product. The LMIS was utilized effectively in this exercise and a total 6,355,000 pieces of red ribbon condoms were redistributed. The unit coordinated this work with the Society For Family Health (SFH/PSI) who redistributed a further 1,902,000 pieces on behalf of the NDOH. Once it was no longer cost-effective to continue redistributing relatively small quantities, distribution of choice™ began, initially at five sites in Free State, Limpopo, and KZN on March 9th.

A total of 143 supplies and clinical staff from male and female condom sites and UNISA were trained in logistics and LMIS in Gauteng, North West and KZN provinces. However, it is important to note that the Prevention Unit management declined to support logistics and LMIS training requests from Eastern Cape and KZN contending that the NDOH had had done sufficient logistics and LMIS training in the provinces and that in line with the government's policy of "cascading" the provinces should do their own LMIS training even if they specifically request assistance from the unit.

The LMIS team completed an analysis of a 30% sample of bin cards from primary distribution sites to gain a better understanding of what category of secondary and tertiary sites are serviced by the primary sites. Findings indicated that of condoms issued from primary sites on a national basis, 54% go to the public sector, 25% direct to community outreach projects, 8% each to private sector and NGOs, and 5% to parastatals.

- **Preparation for the Launch of choice™**

The LTA facilitated the registration of choice™, together with its trademark as intellectual property of the National Department of Health.

A series of meetings were held with the Aids Communications Team consortium to plan the launch of choice™ in terms of messaging, targeting, and communications mode options.

### ❖ NDOH Capacity Building Phase in Logistics and LMIS

In February, the NDOH officially requested USAID to extend its logistics and LMIS support to the NDOH beyond the current TASC contract to at least April 2006 to facilitate adequate capacity building within the NDOH.

Two new positions at the assistant director level were planned for, one for Barrier Methods, and one specifically for LMIS.

As reported earlier, JSI technical assistance support was critical in establishing the STI & HIV/AIDS Prevention Unit. During the current reporting period a significant number of offices were transferred from the JSI lease to the NDOH lease to facilitate capacity building in the long term for the DOH to take over all office costs of the Prevention Unit.

### ❖ Transition from TASC Field Support to Emergency Plan Funding via the JSI/DELIVER Contract

In line with the request for continued logistics management support to the NDOH, JSI submitted proposed activities for the Track 2 Country Operational Plan of the Emergency Plan. The COP included activities related to condom logistics but also new activities focusing on the development of biometrics and smart card technologies for use in the DOH's ART roll out programme.

### ❖ Conceptual Development of a Biometrics/Smart Card solution for ART

In follow up to the Chief Director's request for JSI to investigate what systems are available within South Africa that may be of use for the national roll out of the Comprehensive HIV and AIDS Care and Treatment Plan, JSI partnered with Thamaga, a private black empowerment company specializing in IT solutions particularly in the area of HIV/AIDS, and Net1, a transaction technology leader, in the conceptual development of a patient management and monitoring/evaluation system utilizing biometrics and smart card technologies that will operate in an off-line environment when needed.

The proposed solution responds to the following critical challenges:

- Ensures that only authorized personnel diagnose, prescribe, dispense, and access patient records
- Ensures that only authorized patients, or their proxy, receive ARVs
- Facilitates patient mobility among health care facilities
- Tracks drug consumption against diagnoses and regimens
- The biometrics/smart card combination maintains patient confidentiality
- Data transmission security is maintained through 128 kB encryption protocols

- The ability to capture data in an off-line environment allows the system to be used in community outreach and home based care settings even where there is no electricity or connectivity
- The daily batch uploading of data from service delivery sites to the central database offers a cost-effective alternative to on-line systems. As systems costs are billed as data transactions processed through a central switch, there is a substantial inherent incentive to ensure the system remains fully operational at all times
- Updates every 24 hours provides program managers, funding agencies and policy makers with virtual real time data on critical indicators including patients by stage and regimen, adherence levels, drug consumption and stock levels

❖ **LTA/Logistics Technical Staff Participation in National HIV/AIDS & STI Meetings/Conferences**

- STI & HIV/AIDS Prevention Unit Operational Plan development, January 20th
- HIV/AIDS & TB Cluster Deputy Director and Consultants meetings, January 30th, February 27th, and March 26th
- National STI Quarterly Meeting February 24-26th
- USAID/USG Emergency Plan Implementation Planning Meeting, February 25-26th
- Government AIDS Action Programme (GAAP) Million Men March in Durban (men against HIV resulting from abuse)

**4. Performance**

All activities are on target at the end of this reporting period.

JW: September 28, 2004

**QUARTERLY PERFORMANCE REPORT**

# TASC Task Order: Logistics Technical Assistance/South Africa

**Reporting Period: April 1 through June 30, 2004**

Contractor: John Snow, Inc.
Contract Number: OUT-HRN-I-806-98-00032-00
Person Completing Report: John Wilson

## A. Narrative

### 1. Background

The objective of this Task Order is to provide long and short-term technical assistance to the South African National Department of Health (NDOH) and NGOs to establish an effective and efficient procurement, distribution and monitoring system for male and female condoms. The central feature throughout this activity is to build the capacity at national and provincial levels, within the DOH, to design, maintain, and utilize an effective logistics system.

### 2. Expected Results

The Task Order lists 13 key results and anticipates additional results:

- Situation Analysis completed
- Five year forecast completed for condom procurement
- Field Site sampling completed
- Review of tracking system
- Training needs identified
- Training plan developed, implemented and continually updated
- Condom logistics management system developed
- Monitoring and Evaluation Program developed and implemented
- Quality assurance measures developed
- Staff trained in quality assurance
- Policy awareness campaign developed and implemented
- Logistics Managers, service providers, provincial/national directors and health facility managers trained on condom logistics
- LMIS system reviewed and revised

### 3. Current Activities

The four key Activity Areas for this reporting period were administrative arrangements for the gradual transition of logistics management technical assistance from the TASC funding mechanism to the DELIVER funding mechanism, female condom procurement, the launch of the

branded public sector male choice™ condom and the proof of concept of the biometrics/smart card information system for ART.

❖ **Administrative Issues**

During the reporting period new Emergency Plan funding became available through the DELIVER project mechanism to facilitate an expansion of logistics management activities consistent with the goals of the Emergency Plan in terms of the 2-7-10 targets, with a scope of work focusing on information systems for ART. The DELIVER project requires Country Strategic and Evaluation Plans (CSEP) and JSI headquarters logistics and training advisor Gary Steele facilitated the JSI/South Africa CSEP planning meeting at Keivitz Kroon in April. Richard Ainsworth, the DELIVER technical backstop, visited the project in May to become acquainted first hand with JSI staff and receive a detailed brief on ongoing and planned activities.

The CSEP included plans to further develop the LMIS by introducing barcodes and scanners to provide a virtual real time information system to track condom quantities on test, en route to South Africa, and available in suppliers' warehouses. This system would be far more efficient and accurate than the current system of suppliers faxing a certified physical count of quantities in their warehouses in South Africa. Scanners at the primary delivery sites would enable the logistics unit to have daily updates on all stock movements (instead of monthly summary reports) and would eventually be able to discard the obsolete bin card system. However, when this innovation was proposed to the head of the Prevention Unit within the NDOH it was rejected although no credible or specific reason was given. The idea has been shelved for the time being.

- **Condom Distribution/Logistics Management Information Systems (LMIS) Training**

A total of 65,044,000 male condoms and 223,000 female condoms were delivered in the reporting period to the primary distribution sites that the NDOH is responsible for.

A total of 25 TOT participants were trained in Mpumalanga Province on logistics and LMIS, and LMIS trainers presented at the USAID sponsored Synergy Workshop in Cape Town for 37 international participants.

Additional requests from provinces for LMIS training did not receive a positive response by the head of the Prevention Unit on the contention that the NDOH has provided sufficient training over the past few years for the NDOH's "cascading" approach of training to gain self-sustaining momentum. However, no independent assessment of the effectiveness of the "cascading" strategy has been carried out, and logic would indicate that the quality of training is likely to be diluted at each successive step in the cascading process due to less experienced/trained staff being available at increasingly localized levels – especially given the very high attrition rates of staff at the provincial and district levels and at the primary delivery sites themselves. The NDOH also has the impression that LMIS training should be carried out only during ongoing "integrated" training activities. The problem is the key personnel actually running the LMIS at the delivery sites are not clinicians and therefore do not attend any other type of health related in-service training. This issue is likely to become an increasingly serious problem in the coming

months in terms of the provinces's growing perception that the NDOH does not provide the support they need.

- **Official launch of the choice™ brand public sector condom**

On June 14th, to coincide with National Youth Day, the Minister of Health officially launched the choice™ brand public sector condom to begin a concentrated marketing and advertising campaign promoting the new product as a high quality consumer item that is highly effective against unplanned pregnancy and STIs including HIV. The Minister strongly emphasized the need for abstinence and remaining faithful, carefully positioning correct and consistent condom use only for those for whom abstinence and faithfulness is not a viable option.

The launch was integrated within the ongoing NDOH Khomanani STI and HIV communications campaign.

- **Female condom procurement**

A total 1,197,000 female condoms were procured during the reporting period, approximately sufficient for twelve months. These funds were made available by the Treasury on an ad hoc basis and there is still no NDOH budget line item specifically for female condoms. The female condom programme in South Africa remains the second largest in the world, second only to Brazil. However, Brazil's programme specifically targets commercial sex workers, whereas South Africa's programme was built on the assumption that female condoms empower women to protect themselves and they are made available at designated, trained sites where clinical staff carefully select women who for whatever reason indicate they are not able to negotiate male condom use. There is ongoing debate about the empowerment and negotiation issues. In the meantime there is growing concern about the female condom programme over two practical issues. Firstly, research from the Reproductive Health Research Unit (RHRU) indicates that the re-supply rate is only 13% - indicating a dismally low number of potential long term/consistent users. Secondly, an RHRU telephone survey indicated that 65% of clinics surveyed were not designated sites but were distributing female condoms. These two factors support the notion that much of the latent demand for female condoms is due to novelty factors rather than an indication of a genuine unmet need among long-term users.

In any case, there is an urgent need to either re-establish the intent of the programme or revise the national policy.

- Biometrics and Smart Card Technologies for ART: Proof of Concept

In late 2003, the Chief Director, HIV/AIDS & TB requested the logistics unit to look into what was available within South Africa in terms of IT systems that could assist the NDOH in the pending national ART roll out particularly in terms of providing mandatory reporting indicators so that programme managers and policy makers could reliably monitor implementation on an ongoing basis.

It is obvious that a successful ART roll out will depend to a significant extent in the long term on community outreach and home based care – implying that an appropriate system would have to include the capability of operating where there is no electricity or connectivity.

During the reporting period, a proof of concept was developed to apply an existing technology - a combination of biometrics (fingerprinting) and smart cards already in use in South Africa to disburse approximately 5 million social grants and pensions - to the ART environment both for a static and mobile outreach setting.

During development of the proof of concept, collaboration began with the Catholic Relief Services (CRS), also an Emergency Plan funding recipient, as CRS is in need of assistance in developing an information system that will enable them to adequately monitor their ART roll out programme and generate mandatory Emergency Plan and NDOH indicators on a continuous basis.

A great deal of consensus building was achieved during the reporting period through demonstrations of the proof of concept to USG partners in Pretoria (including US Embassy and CDC) and from USAID/W Global Health office, JSI senior staff including the DELIVER project Director, Deputy Director for Field Services, and Senior Advisor for Partnership Development, and the South African Medical Association and the Foundation for Professional Development.

The biometrics/smart card solution was presented to the international CRS meeting at the Park Plaza Hotel, May31-June1, in Rosebank, Johannesburg.

- **LTA Participation in National HIV/AIDS & STI Meetings/Conferences**

  - NDOH Bosberaad to review the 5-year National Strategic Plan for HIV/AIDS
  - STI/Barrier Methods Quarterly meeting, Kempton Park, June 3-4

**4. Performance**

All activities are on target at the end of this reporting period.

JW: October 7, 2004

**QUARTERLY PERFORMANCE REPORT**

# TASC Task Order: Logistics Technical Assistance/South Africa

**Reporting Period: July 1 through September 30, 2004**

Contractor: John Snow, Inc.
Contract Number: OUT-HRN-I-806-98-00032-00
Person Completing Report: John Wilson

## A. Narrative

### 1. Background

The objective of this Task Order is to provide long and short-term technical assistance to the South African National Department of Health (NDOH) and NGOs to establish an effective and efficient procurement, distribution and monitoring system for male and female condoms. The central feature throughout this activity is to build the capacity at national and provincial levels, within the DOH, to design, maintain, and utilize an effective logistics system.

### 2. Expected Results

The Task Order lists 13 key results and anticipates additional results:

- Situation Analysis completed
- Five year forecast completed for condom procurement
- Field Site sampling completed
- Review of tracking system
- Training needs identified
- Training plan developed, implemented and continually updated
- Condom logistics management system developed
- Monitoring and Evaluation Program developed and implemented
- Quality assurance measures developed
- Staff trained in quality assurance
- Policy awareness campaign developed and implemented
- Logistics Managers, service providers, provincial/national directors and health facility managers trained on condom logistics
- LMIS system reviewed and revised

**3. Current Activities**

The two key Activity Areas for this reporting period were the field testing of the biometrics/smart card information system for ART in a static and community outreach palliative care setting, and a dramatic increase in public sector condom distribution following the launch of choice™.

- **Condom Distribution/Logistics Management Information Systems (LMIS) Training**

A total of 90,579,000 male condoms and 328,000 female condoms were delivered in the reporting period to the primary distribution sites that the NDOH is responsible for. This represented an almost 40% increase in male condom distribution relative to the previous quarterly reporting period – a result of the substantial impact of the branded and packaging redesign of the choice™ condom.

As there was no budget line item for female condoms, and only an 8 month buffer stock at the central warehouse, the head of the STI and HIV/AIDS Prevention Unit requested the logistics team to divide the buffer stock among the provinces based on population size and send out the resulting consignments in bulk so that the provinces could manage their stocks directly. The Prevention Unit contended that this exercise would capacitate the provinces to take more direct "ownership" for the female condom programme. Bulk deliveries to Free State and Western Cape were achieved during the reporting period.

However, once this exercise was underway, the Prevention Unit was instructed by Treasury to spend approximately R10 million from "carry over" funds that were made available from the previous financial year. Accordingly, procurement actions were initiated for an international tender.

As provincial counterparts were generally non-responsive in commenting on the draft Condom Programme Guidelines drafted by the LTA, the USAID funded RHRU Communications Officer seconded to the Prevention Unit proposed that DFID funds be used to contract out the finalization of the document with a deadline of November 2004.

A total of 189 participants were trained in logistics and LMIS; 90 from the ODI Local AIDS Council in NW Province, 82 from the Forward in Faith ministries community outreach programme in Gauteng Province, and 17 custodians in the NDOH.

- Biometrics and Smart Card (BSC) Technologies for ART: Field Tests

On July 17th, the BSC field test commenced at the CRS/SACBC Sizanani clinic. Of the 118 patients on ARVs, 35 were registered on the smart card system.

Clearly this was a cutting edge activity. Although there is a great deal of general interest in smart cards, this was the first actual application of the technology in a clinical ART setting. As such

field test staff anticipated a steep learning curve. One lesson learned that became apparent almost immediately is that existing systems of patient records, filing systems, and basic database technology were very rudimentary and it became necessary to provide IT support to Sizanani in preparation or in addition to the BSC technology. This same issue became evident at Kalafong Hospital, a government site receiving Emergency Plan funding in support of the roll out of the ARV clinic – JSI provided assistance in the design of an electronic database for managing over 500 ARV patients. It is anticipated this site will also implement the smart card once the filed testing is finalized and the prototype is fully developed.

❖ **LTA/JSI Staff Participation in National HIV/AIDS & STI Meetings/Conferences**

- Presentation of biometrics/smart card (BSC) solution to the National Health Information System (NHISSA) meeting in Nelspruit
- Presentation of BSC at IT meeting hosted by the Regional Training Centre for Eastern Cape Province, the lead agency for the ART roll out in EC Province
- STI/Barrier Methods Quarterly meeting, Durban August 24-26

**4. Performance**

All activities are on target at the end of this reporting period.

JW: October 7, 2004

# JSI/TASC UKRAINE
# MATERNAL AND INFANT HEALTH PROJECT
# QUARTERLY TECHNICAL REPORT
# USAID CONTRACT NO.: HRN-I-00-98-00032-00
# DELIVERY ORDER NO.: 812

**FIRST QUARTERLY TECHNICAL REPORT OF PROJECT YEAR TWO**
**1 OCTOBER 2003 – 31 DECEMBER 2003**
**SUBMITTED 31 JANUARY 2004**

## I. EXECUTIVE SUMMARY

During this quarter, a number of MIHP activities took place, including a Year II workplanning & budgeting meeting in Kiev; assistance to the USAID Evaluation team in assessing RH situation in Ukraine; participation in WHO training on Breastfeeding and counseling; reinforcement training courses for Neonatologists, OB/GYNs and midwifes; MOH TAG meetings to develop of protocols and guidelines for maternal and infant care; formative research on breastfeeding conducted in Crimea; a needs assessment of Simferopol Perinatal Center; and a several key IEC materials developed. An overview of key activities follows below and in the attachments to this report.

## II. PROJECT PROGRAMMATIC ACTIVITIES

### A. CAPACITY BUILDING /STANDARDS DEVELOPMENT COMPONENT

**1. Workshop on Evidence-Based Medicine (7-9 Oct 2003)**

The 3-day workshop on EBM was conducted on 7-9 October 2003 by international consultant, Professor Tengiz Asatiani from Georgia, in order to introduce the key concept of Evidence-Based Medicine (EBM) to the Technical Advisory Group members with a purpose to support the development of national clinical protocols and standards. Nine members of TAG, two representatives from the MOH of Ukraine (Nadezhda Zhylka, Deputy Head, Maternal and Infant Healthcare Department and Nadezhda Salo, Leading Specialist from the same Department), one representative from Policy Development Group, and four MIHP local coordinators from four Project Pilot Sites attended this workshop. For a detailed report on this workshop, please see *Attachment 1*.

**Key Outcomes & Follow-Up Steps:**

- To use Evidence-Based principles in development of national clinical protocols and standards.
- To use Evidence-Based principles in daily clinical practice.
- To disseminate the knowledge on Evidence-Based Medicine among the healthcare providers from four MIHP Pilot Sites by conducting the same trainings in 2004.

**2. Technical Advisory Group (TAG) Meetings (10 Oct 203) & (19 Nov 2003)**

During this quarter two meetings of Technical Advisory Group (TAG) were conducted. The first meeting of TAG was conducted on 10 October 2003 with a purpose to identify current challenges in development of clinical protocols. By request of the MOH, issues related to the "Improvement of In-patient OB/GYN and Neonatal Care in Ukraine" (draft Prikaz that is currently being developed by the MOH) was discussed. Thirteen members of TAG including three representatives from the Ministry of Health of Ukraine (Nadezhda Zhylka, Deputy Head, Maternal and Infant Healthcare Department, Nadezhda Salo, Leading Specialist from the same Department, and Boris Ventskovskiy, Chief OB/GYN, MOH of Ukraine), and two delegates from Policy Development Group attended this meeting. For a detailed report on this meeting, please see *Attachment 2*.

**Key Outcomes & Follow-Up Steps:**

- The structure of clinical protocol to be based on EBM principles was finalized.

- The list of clinical protocols to be developed by the end of 2003 was determined. The topics of clinical protocols have been assigned to TAG members.
- The MIHP team will provide TAG members with appropriate medical literature related to the subject of clinical protocols.
- The next meeting of TAG is to be conducted at the end of November 2003 (the date is TBD with MOH)

The second meeting of TAG was conducted on 19 November 2003. The objectives of this meeting were as follows: to introduce updated medical information on "Diabetes in Pregnancy" to TAG members that is related to one of the topics of clinical protocols; to discuss the procedure of clinical protocols approval on national level; to review a few drafts of already developed clinical protocols. Twenty-one members of TAG including three representatives from the MOH (Nadezhda Zhylka, Deputy Head, Maternal and Infant Healthcare Department, Nadezhda Salo, Leading Specialist from the same Department, and Boris Ventskovskiy, Chief OB/GYN, MOH of Ukraine) attended the meeting. For a detailed report on this meeting, please see *Attachment 3*.

**Key Outcomes & Follow-Up Steps:**

- Final template of clinical protocol was developed.
- As long as the TAG hasn't had representatives from 2 MIHP Oblast (Volyn and Crimea) it was decided to include 1 representative from the mentioned oblasts.
- In order to cover "Neonatal Care" component in development of clinical protocols, MIHP has approached the MOH of Ukraine requesting to enlarge the TAG with Ukrainian competent policy makers in Neonatology.
- To ensure the productivity of TAG's activities, MIHP will propose MOH of Ukraine to conduct at least 2-day TAG meetings every two months.
- To provide TAG members with presentations on updated medical information related to the topics of clinical protocols during each following meeting.
- Next TAG meeting is TBD with MOH (Mid-January 2004).

## III) B. CLINICAL AND TRAINING COMPONENT

This quarter there were two reinforcement trainings conducted for Donestk Maternity Hospital No.: 3 with involvement of health care providers from other MIHP sites.

**1. Neonatologists Reinforcement Training:** The reinforcement training for Neonatologists was conducted in Donestk Maternity No.: 3 from 17-18 November 2003. International trainer Audrius Maciulevicius and Ukrainian trainer Dmitry Dobryansky conducted the training course. There were 19 participants taking part in the training course including 1 specialist from each MIHP oblast. The main topics of the course: contemporary approaches to the newborn care, warm chain, breastfeeding, rooming-in, peculiarities of care for sick infants, mothers' involvement in care for sick infants, major steps in resuscitation of newborns, care of low-weight infants.

***Outcomes & Recommendations:*** The participants received theoretical and practical knowledge and skills on evidence-based obstetrical practices and as a result the participants developed protocols on newborn care which is proved to be very effective and similar to the international in-patient protocols. The received knowledge and skills during the training course should be

disseminated among all health care professionals working in MIHP and, if possible, spread the evidence-based practices outside of the MIHP sites. Rapt attention should be paid to training mothers on breastfeeding techniques - breastfeeding courses in the maternities would be an advantage to help mothers to face breastfeeding challenges.

**2. OBGYNs & Midwife Reinforcement Training:** The training course for OB/GYNs and midwifes was carried out in the training center of Donestk Maternity No.: 3 from 12-22 December 2003. A total of 22 participants took part in the training course, including 14 OB/GYNs, 6 midwifes and 3 specialists from Donestk Sanitation and Epidemiology Department. International (WHO) trainers: Dalia Jeckaite and Vyacheslav Kabakov.

***Training Topics:*** WHO recommendations in the area of reproductive health; WHO strategy in the area of perinatal care; physiological pregnancy, pre-delivery care; preparation of family members to the delivery; contemporary approaches in delivering a baby – family-oriented delivery; diagnoses and treatment of complications during pregnancy; breastfeeding; main steps in taking care of the baby; infection control; and postpartum care.

***Outcomes & Recommendations:*** The participants, after having received the knowledge and obtained practical skills, developed 4 protocols on complications during delivery, which will be implemented in MIHP pilot sites. At the end of the training course, the Chief of OB/GYN Department of Maternity No.: 3 reported on the changes of obstetrical practices in the maternity. Among the positives changes were the following: an increase of physiological deliveries, a decrease of labor induction, a decrease in number of episiotomies and C-sections. The received knowledge and skills during the training course should be disseminated among all health care professionals working in MIHP and, if possible, spread the evidence-based practices outside of the MIHP sites. In-depth training courses should be organized for specialist of Sanitation and Epidemiology Department in Donestk and all MIHP oblasts as the MIHP sites still face difficulties in advocating evidence-based practices among this category of health care inspectors. Also, protocols on normal delivery care as well as premature and complicated deliveries need to be developed.

## IV) C. BEHAVIOR CHANGE AND COMMUNICATION COMPONENT

### 1. Basic Antenatal Counseling Skills – Post-Training Follow-Up Visit (14-16 Oct 2003)

The training on basic antenatal counseling skills was conducted 8-12 September 2003 for health care providers (OB/GYNs) of Donestk Outpatient Clinic No.: 1, which belongs to the Donestk Maternity Hospital No.: 3. Post-Training Follow-Up Visits were conducted from 14-16 October 2003 to monitor the health care provider's skills after the training. For detailed outcomes and recommendations from this post-training follow-up visit, please see *Attachment 4*.

### 2. WHO Breastfeeding Counseling & HIV Course Participation (3-8 Nov 2003)

WHO Course on Breastfeeding Counseling & HIV was held from 3-8 November 2003 in Odessa. MIHP BCC specialist Alexander Golubov attended the workshop. Several key topics pertinent to MIHP were covered, including the importance of breastfeeding and how the breastfeeding works, counseling skills for breastfeeding, latching-on a baby during breastfeeding, difficulties in breastfeeding, counseling of HIV+ mothers on feeding their babies,

hygiene and breastfeeding techniques, and practical skills: counseling on breastfeeding, preparing instant formula.

***Outcomes & Recommendations:*** The training course gave practical and theoretical skills and knowledge on infant feeding. During the seminar for Neonatologists in Donestk Maternity No.: 3 the received skills were applied to train health care specialists on breastfeeding techniques. At the forthcoming trainings for different health care professionals of the MIHP sites the breastfeeding component will also be introduced.

**3. Breastfeeding Counseling Training Courses (24-26 Nov 2003) (18-20 Dec 2003)**
Two trainings on breastfeeding counseling took place during this quarter. The first training was in 24-26 November 2003 for Neonatologists and Pediatric Nurses for the Donestk Maternity Hospital N0.: 3 and from 18-20 December 2003 for OB/GYNs of the same facility. On both trainings, a specialist from each MIHP oblast was invited. This course's training topics included:

A. Advantages of Breastfeeding
B. How Breastfeeding Works
C. How to Evaluate Breastfeeding
D. Counseling Model "Listen and Learn"
E. Difficulties in Breastfeeding
F. Encouraging Women to Breastfeed
G. HIV and Infant Feeding

***Outcomes:*** The health care providers learned the theoretical and practical skills on breastfeeding. According to the pre- and post-training questionnaire the participants increased their knowledge on breastfeeding from 38% to 69% .

**4. Breastfeeding Needs Assessment & Formative Research in Crimea (10-16 Nov 2003)**
AED experts Berengere Di Negri and Fatima Djatdoeva visited MIHP to conduct needs assessment of Simferopol perinatal counseling center and formative research on breastfeeding in the Republic of Crimea in 10-16 November 2003. Please see *Attachment 5* for a detailed description of this activity.

**5. IEC Materials Development**
This quarter the following IEC materials were developed:
*Attachment 6:* Father's Role During Pregnancy, Labor and Delivery;
*Attachment 7:* General Information for Mother-To-Be; and
*Attachment 8:* Poster Encouraging "Safe Childhood."

## D. MONITORING AND EVALUATION COMPONENT

There were three main M&E activities carried out this quarter: finalization of the list of M&E indicators, creation of a M&E Manual, and establishment of an EPI Info database for the MIH Project. Additionally, there were some activities that have been carried out on the continuous basis and were not scheduled to be finished in the reported quarter but need to be reported on the progress, including collection of baseline data, field testing of M&E instruments, random sites

visits (quality assurance), and inclusion of M&E sessions into all clinical training. Please see *Attachment 9* for a detailed report of MIHP M&E Activities this quarter.

## III. YEAR II WORK PLANNING AND BUDGETING MEETING

The Year II work planning meeting took place in MIHP office between 29 September – 3 October 2003 with the participation of representatives from the three MIHP contractors: David Pyle and Audrey Seger Sprain (JSI), Mark Rasmuson (AED) and Ashraf Ismail (JHPIEGO). The purpose of the meeting was to revise the MIHP activities for the 1st year and outline Project strategic steps for the 2nd Project year. During the meeting the drafts of the 2nd year plan of activities and budget were developed. The final Workplan and budget were submitted to the USAID Mission at the end of October 2003. For detailed trip reports from each organization's participants, please see *Attachment 10*.

## IV. SUPPORT TO USAID EVALUATION TEAM

By request of the USAID Mission MIHP staff accompanied USAID Evaluation Team (Paula Bryan, Kelley O'Hanley, Pinar Senlet and Judith Seltzer) in their introductory visits to MIHP facilities in four oblasts (23-29 October 2003): Lviv, Volyn, Donesk and Crimea Autonomous Republic. MIHP personnel supported USAID Evaluation Team, so that they can fully assess the situation concerning reproductive and maternal health in Ukraine. The Team was split into two small teams and had simultaneous trips to the mentioned regions: one team visited western MIHP oblasts, another one – southern oblasts. During the visits the Team representatives had meetings with MIHP site personnel and local health authorities.

## V. COOPERATION

The Project personnel –(Dr. Tamara Irkina and Olga Dudina) continued to take part in the Policy II Project Technical Working Group on improvement of standards of obstetrical and gynecological care in Ukraine. Also, MIHP staff actively participated in Family Planning and Reproductive Health Week organized by the MOH. MIHP continued to work with European office of WHO on information exchange. MIHP COP, Helene Cholay, and Alexander Golubov, BCC specialist, took part in WHO trainings on breastfeeding counseling and HIV.

## VI. SUCCESS STORY

During the training courses in Donestk conducted by MIHP in the Maternity No.: 3, there were representatives from Donestk oblast health authorities (Olga Ostapenko, Chief OB/GYN of Donestk-city Health Authority and Elena Alexeeva, Chief Neonatologist of Donestk Oblast). They received practical and theoretical knowledge and skills on best perinatal practices and wanted, with the help of the trained Project staff, to initiate introduction of best practices in other maternities. In October – November, Donestk Health authorities allocated assets for 5 trainings, which were conducted for OB/GYNs of three Donestk maternities. These trainings were conducted by the trained health care providers from Donestk Maternity No.: 3. As a result of those trainings the 3 maternities started to use partogram, increased the number of single delivery rooms and organized complete rooming-in and free admission of the relatives in post-

partum department. Two Donestk rayon maternities approached the Ministry of Health of Ukraine with the request to join the MIHP. The MOH considers now the possibility of organizing the training courses for OB/GYNs in post-graduate education using MIHP trainers and expertise.

## VII. STAFFING

No changes in MIHP Staff took place this quarter.

## VIII. Constraints

Despite the efforts on introduction of best evidence-based practices in Donestk Maternity and other MIHP sites, some of the leading health care providers still perform "old-fashioned" perinatal practices. This is because some MOH in-patient prikazes do not meet the WHO standards and health care providers follow religiously those prikazes. MIHP is consistently working on alterations of the prikazes and protocols which will be based on WHO strategy.

## IX. ANTICIPATED PROJECT ACTIVITIES NEXT QUARTER

- Training courses on EBM for 4 pilot oblasts and Technical Working Group (TWG)
- Meeting of TWG on Standards and Protocols
- Development of data-base for clinical protocols and guidelines
- Revision of existing guidelines and protocols; adapting them to EBM
- Initiation of assistance to MOH with discussion around the issue of reinforcement of implementation of different regulations for Family Doctors
- Revision of current curricular on maternal, neonatal, and infant health to be used to train Family Doctors
- Strategy development on how to improve the knowledge and practices of Family Doctors
- 2 TOT courses followed by 2 MNH courses for OB/GYNs, Neonatologists and midwifes
- 1 TOT course for Crimea and Lviv Oblast
- Site development course on Antenatal Care – Clinical and Communications (2-week course)
- Post-training follow-up visit to Simferopol perinatal outpatient center
- Development of needs assessment tool for policlinic pediatricians
- Needs assessment for pediatricians and strategy development for infant care in pediatric policlinics
- Development of IEC materials
- Initiation of MIHP web site development
- Complete the field testing of M&E tools
- Training of MIHP staff on use of M&E system
- M&E training in clinical sessions for oblasts
- Control of oblasts progress reports
- Creation of M&E data base on report tracking
- Auditing the collected data – Random sites visit
- Collection of existing relevant data on maternal and Infant Mortality and Morbidity from the selected oblasts and rayons

**REPORT ATTACHMENTS:**

1. Evidence Based Medicine (EBM) 7-9 October 2003 Course Report

2. MOH Technical Advisory Group October 03 Meeting Report
3. MOH Technical Advisory Group November 03 Meeting Report
4. Antenatal Counseling Skills – Post-Training Follow-Up Visit Report
5. Crimea Breastfeeding Analysis Report – Berengere DeNegre & Alexander Golubov
6. MIHP IEC Material Example: Poster for Fathers-To-Be
7. MIHP IEC Material Example: Poster for Mothers-To-Be
8. MIHP IEC Material Example: Safe Childhood Poster
9. MIHP Quarterly Monitoring & Evaluation Activities Report
10. Year II Workplanning Meeting Trip Reports – Pyle, Ismail, & Rasmusson
11. Dr. Tengiz Asatiani's Trip Report – EBM Course Recommendations & Follow-Up
12. MIHP Quarterly Financial Report (QFR – Y2Q1)

# JSI/TASC UKRAINE
# MATERNAL AND INFANT HEALTH PROJECT
# QUARTERLY TECHNICAL REPORT
# USAID Contract No.: HRN-I-00-98-00032-00
# DELIVERY ORDER NO.: 812

**SECOND QUARTERLY TECHNICAL REPORT OF PROJECT YEAR TWO**
**31 DECEMBER 2003 - 31 MARCH 2004**
**SUBMITTED 30 APRIL 2004**

## I. EXECUTIVE SUMMARY

During this quarter, a number of MIHP activities took place, including training courses, Training of Trainers (TOT) and follow-up visits in Donetsk and Lutsk on Effective Perinatal Care. The MIHP also held training courses on EBM and several TAG meeting, which lead to the development of four important protocols. The MIHP conducted a Need Assessment of Kiev Maternity No. 1 and a Need Assessment of Polyclinic Pediatricians. In addition, the MIHP actively collaborated with UNICEF on Baby Friendly Hospital Initiative, and held a successful meeting with its Oblast coordinators. In addition, several key IEC materials developed. An overview of key activities and outcomes follows below with detailed information provided in the corresponding attachments.

## II. PROJECT PROGRAMMATIC ACTIVITIES

### A. CAPACITY BUILDING /STANDARDS DEVELOPMENT COMPONENT

**1. Workshop on Evidence-Based Medicine for Lutsk Oblast (February 8-13, 2004)**

Evidence Based Medicine training was conducted in February in Lutsk for 28 health care providers from four MIHP's Oblast. The purpose of the training was to introduce evidence based approaches to obstetrics and gynecology practice and to show that all project's interventions are based on the evidence based principle. The participants were introduced to the basics of modern epidemiology, statistics and to WHO Reproductive and Cochrane Collaboration libraries. Basic requirements and recommendations on clinical protocol writing were explained. This training will demonstrate to all parties involved in the project that MIHP's interventions are based on Medical Evidences and internationals standards. This training will support the participants to be confident users of different sources of information (databases, journals, reviews) as well as to participate in the creation of clinical protocols. Practical exercise provided possibility to assess some scientific articles on different interventions.

**2. Workshop on Evidence-Based Medicine for TAG (March 30-31, 2004)**

This meeting was aimed to reinforce the TAG members' knowledge on EBM to allow them to work more efficiently on clinical protocol development; to prioritize which protocols needed to be developed by the end of the year; and to finalize clinical protocols on C-section, Pre-eclampsia and post-partum bleeding. This workshop took place on March 30-31, 2004 in the MIHP office and was facilitated by Dr. Tengiz Asatiani and Dr. Boris Ventskovsky, Chief Obstetrician – Gynecologist of Ukraine. Please see Attachment No.: 1 and Attachment No.: 2 for detailed reports on this workshop.

**3. Technical Advisory Group (TAG) Meetings (26-27 January, 2004)**

Discussion of final versions of clinical protocols: Normal Delivery Management, Partogram Management, Indications and Techniques of C-Section. As a result of this meeting, MOH representative requested that the MIHP print and to disseminate these new protocols and to organize/conduct training seminars for specialists representing the OB/GYN departments of National medical educational institutions. Please see Attachment No.: 3 for a detailed report on this meeting.

**4. Policy Project Working Group Meeting – Normal Delivery - Newborn Care (1 March 2004)**

The purpose of the Meeting was to discuss the final version of the protocol on Normal Delivery Care for the Newborn after Delivery. The main topics discussed include newborn care rights, hypothermia prevention, warm chain, assessment of newborn health status; skin-to-skin contact, first breastfeeding and rooming-in. The outcomes of the meeting include that the group entered

changes into the protocol and agreed with WHO strategies, the protocol was affirmed and adopted by the working group and the MOH representative requested MIHP to provide support in development of clinical protocols on neonatology and revise monitoring instruments on assessment of baby-friendly clinics. Please see Attachment No.: 4 for a detailed report on this meeting.

**5. Policy Project Working Group Meeting – pMTCT Program 2004-2008 (5 March 2004)**

The Working group on pMTCT program was held on 5 March, 2004 in the Policy Project Office. The members of the Working group discussed main components of strategic approaches to pMTCT, namely primary HIV prevention among women, prevention of unwanted pregnancies among HIV-positive women, prevention of HIV transmission from mother to child, and treatment and support of HIV-positive mothers and their families. During this meeting, goal and objectives of the pMTCT program were identified - 16 main objectives of the pMTCT program were identified and each member of the working group received a task on development of recommendations to each component of the Program objectives. Please see Attachment No.: 5 for a detailed report on this meeting.

**6. Policy Project Working Group Meeting - Developing "Reproductive Health" Manual ( 27 March 2004)**

On going development of the RH manual. Four chapters were discussed in details: providing quality and access to reproductive health services; effectiveness of resources in reproductive health; Reproductive Health Legislation, reproductive health conditions in Ukraine. During this meeting, four chapters were defined for further review and the group concluded that there is a need to incorporate additional materials and data from the latest researches in the Manual. Please see Attachment No.: 6 for a detailed report on this meeting.

## V) B. CLINICAL AND TRAINING COMPONENT

**1.<u>TOT course on Effective Perinatal Cares</u> (Donetsk Maternity #3 from 16-17 January 2004)**

The TOT Course on Effective Perinatal Care took place in Donetsk Maternity #3 from 16-17 January 2004. 15 health care professionals from four MIHP regions participated in the training course, which was facilitated by three international consultants: Gelmius Siupsinskas, Dalia Jeckaite, Audrius Maciulevcius. The main topics of the training included course planning: selection of the participants, program development, and the selection of appropriate materials. The training methodologies: lectures, plenary sessions, group discussions, work in small and big groups, role-plays, evaluation exercises, and videos. A considerable attention was paid to the evaluation, pre- and post- training evaluation as well as on practical on-job training. Nine out of fifteen 15 participants obtained practical and theoretical skills on organization and conduction of the training and were recognized as potential trainers. It was recommended that in order to improve the practical capacity of the trained TOTs, it is important to involve them as facilitators of further MIHP training activities. Please see Attachment No. 7 for a detailed report on this training.

**2. <u>Training Course on Effective Perinatal Care</u> (Donetsk Maternity # 3 - January 19-30, 2004)**

The Course consisted of a 2- week training course . 1st training week theoretical training was conducted in Donetsk Maternity # 3 (January 19-30, 2004) and 2nd practical week was in Lutsk-city and Donetsk Oblast maternity (February 2-6, 2004). The purpose of the training was to give

knowledge to OB/GYNs and Neonatologists on evidence-based technologies in Perinatology and to develop practical skills to render up-to-date qualified perinatal care. Participants included 11 OB/GYNs, 10 midwife, 12 Neonatologists, 5 nurses, two participants from the Donestk Sanitation and Epidemiology Department attended the training session on infection control. In parallel with the training course for Neonatologists and nurses , a special 2 days courses was organized for the 15 medical staff( Neonatologists and nurses ) working in second stage of prematurity department The training was conducted in the second stage of prematurity department in Donetsk to improve the knowledge of the staff. Date: January 19-21, it was facilitated by Dr. Helene Lefevre-Cholay. The main topics developed were: Peculiarities and needs of LWB's babies, development of preterm babies, feeding needs of small babies, cup feeding, kangaroo cares.

**3. Training Course on Effective Perinatal Care (Lutsk City Maternity - March 15-26, 2004)**

The Course consisted of a 2- week training course . 1st training week theoretical training was and 2nd practical. The purpose of the training was to train OB/GYNs, midwifes , Neonatologists and pediatric nurses on evidence-based technologies in Perinatology and to develop practical skills to render up-to-date qualified perinatal care. The agenda was similar to the Donestk' course, but in addition there were a number of joint sessions (OB/GYNs and Neonatologists) on EBM, infection control, neonatal resuscitation and breastfeeding. Trainers marked high importance and usefulness of such session's conduction for both groups. Epidemiologists participated in all activities and discussions on infections, including infection control. On 24-25 of March, Ms. Nadezhda Zhilka, Deputy Head of the Department of Mother and Infant Care of the Ministry of Health of Ukraine, visited the training, met with training participants, showed a great interest for MIHP and further implementation of Perinatal care principles. The MIHP Team was delighted to discover that the recommendations were identical of those done after the Donestk training. It was also recommended to create resource Centers in all MIHP sites. Please see Attachment No. 8 and Attachment No.: 9 for a detailed report on this training.

## VI) C. BEHAVIOR CHANGE AND COMMUNICATION COMPONENT

***Development of IEC Materials***

To reinforce the skills of health care professionals and raise public awareness on safer behavior and best perinatal practices, the following IEC materials were developed this quarter. Please see Attachment No. 10, 11,12 containing examples of these materials.

- Poster - Breastfeeding
- Poster - Sudden Death Syndrome prevention
- Poster – Bringing baby own clothes to maternity
- Booklet for Second stage Prematurity department
- Leaflet - danger sings in postpartum
- Leaflet - Bringing baby own clothes to maternity

MONITORING AND EVALUATION COMPONENT

The main activities that were completed this quarter were the completion of field testing of M&E instruments, training of the project's staff on M&E system, inclusion of M&E sessions on

clinical trainings and creation and conduction of need assessments for pediatricians. The first three activities completely finalized the construction of the project's M&E system that has now been turned onto a routine basis of reporting. Need assessment for pediatricians will help develop appropriate curriculum for the polyclinic pediatrician as this pediatrician are the next link in a chain of provision health care services to mothers and infants after maternity specialists.

## III. FOLLOW-UP VISIT (Donetsk)

The follow-up trip to Donetsk Oblast was conducted by MIHP staff – Oleg Kuzmenko and Stanislav Pupyshev on February 25-27, 2004. (Please see Attachment No. 13).

## IV. NEEDS ASSESSMENT - KIEV MATERNITY No.: 1

By request of the USAID/Kiev Mission, MIHP personnel conducted needs assessment of the City Clinical Hospital # 1 on March 10, 2004. The report from this Need Assessment was submitted to the USAID/Kiev during this quarter. (Please see Attachment No. 14).

## V. COOPERATION

Meeting with UNICEF representative Dr. Elena Sherstuk was held on January 29, 2004 to discuss future collaboration. During the Meeting the following topics were discussed:

- Baby-Friendly Hospital criteria revision
- Mutual development of IEC materials on breastfeeding
- Initiation of Best Practices dissemination Conference

**Outcomes & Recommendations:**

- UNICEF stressed that it was extremely important to include JSI/Mother & Infant Health Project in the assessment of Baby-friendly hospitals as well as monitoring of National programs on breastfeeding.
- UNICEF and MIHP will mutually develop IEC materials related to infant care, including breastfeeding on cost-share basis.
- Two MIHP specialists, Dr. Tamara Irkina and Alexander Golubov, will be included in National Working groups on revision of existing criteria and needs assessment tools related to Baby-Friendly Hospital Assessment Process.
- It was agreed to mutually conduct a Conference on Best Mother and Infant Health Care Practices.

Please see Attachment No. 15 for a detailed report on this meeting.

## VI. MIHP COORDINATOR'S MEETING

MIHP Coordinators meeting was held on 19-20 February, 2004 in JSI Kiev office. The purpose of the Meeting was to resolve current challenges, to improve the communication between Kiev and the pilot oblasts and to identify needs to successfully implement MIHP in each of the selected regions. Participants: Tim Clary, MIHP Cognizant Technical Officer/USAID, Raisa

Moisenko, Head of MCH Department of the Ministry of Health, Illya Glazkov, MIHP Coordinator in Crimea, Galina Missura, MIHP Coordinator in Lviv Oblast, Nina Zagrebelna, MIHP Coordinator in Volyn Oblast, Yury Drupp, MIHP Coordinator in Donetsk Oblast and MIHP staff. The first day meeting was dedicated to presentations about the overall Project activities, lessons learned and future perspectives . The second day was dedicated to short trainings on Report Writing, Presentations and Communication, and IEC Materials Introduction. The clinical equipment list for each of the MIHP Oblast was also discussed.

.

**Outcomes & Recommendations:**

- Communication pattern between MIHP and Oblast Coordinators were improved;
- MIHP Coordinators upgraded the knowledge on presentation, report, communication
- It was recommended that Coordinators Meetings be held every quarter to improve cooperation.

Please see Attachment No. 16 for a detailed report on this meeting.

## VII. SUCCESS STORY

Since the beginning of the project, the MIHP has been working together with the MOH on development of perinatal protocols. During this period, many changes were made in protocols, however, many of the protocols developed did not follow essential EBM principles. After a series of working group meetings, the Ukrainian specialists understood the evidence-based principles and incorporate them into the new developed protocols, including the protocol on C-Section, the protocol on Normal Delivery and the protocol on Partogram. Soon these protocols will be endorsed by the MOH and disseminated nation wide in Ukraine. Please see Attachment No. 17 for a detailed report on this success story.

## VIII. STAFFING

This quarter, Dr. Olga Dudina, Assistant to Protocol Development and Clinical Service Specialist resigned from the MIHP due to change in family situation.

## IX. Constraints

The major constraint this quarter was to find appropriate suppliers of medical equipment requested by the MIHP sites. The equipment that is available in the Ukrainian market is produced in Western Europe, and unfortunately, American and CIS brand equipment is not available in Ukraine.

## X. ANTICIPATED PROJECT ACTIVITIES NEXT QUARTER

The following includes the MIHP's anticipated project activities for next quarter:

- MIHP will have meetings with the UNICEF Working Group on revision of monitoring criteria for Baby Friendly Hospitals Initiative (BFHI) - Effective Perinatal Care Training in Simferopol and Lviv.

- MIHP will conduct a comprehensive Needs Assessment of Kiev Maternity No.: 5 as requested by USAID/Ukraine.
- MIHP will conduct a Need Assessment for pediatricians in four MIHP oblasts and needs assessment analysis leading on the selection of topic for polyclinic pediatrician courses.
- MIHP will conduct a review of Family Doctors curriculum to initiate training activities.
- MIHP will continue with meetings of TAG on protocol development and possibly editing and printing of a first booklet with different reviewed and endorsed protocols by MOH.
- MIHP Training Courses and Follow–up Visit will continue and follow-up visits to Simferopol, Lviv ,Donestk and Lutsk will take place.
- A Dissemination Conference on Best Breastfeeding Practices (MIHP-UNICEF) will be held.
- MIHP will work on the development of Antenatal Care Module in collaboration with the WIN Russian Project and with the support of World Education.
- MIHP will continue with development of IEC materials: Breastfeeding, Postpartum contraception, Post-abortion Contraception.
- MIHP's M&E Comprehensive Feedback System will continue to collect and review data for project improvement.
- MIHP will hold its quarterly Oblast Coordinators Meeting.

**QUARTERLY TECHNICAL REPORT ATTACHMENTS:**

1. EBM Course Report – Dr. Tengiz Asatiani
2. EBM Course Report – MIHP Staff
3. TAG Meeting Report – MIHP Staff
4. Policy Project Meeting on Newborn Care
5. Policy Project Meeting on pMTCT
6. Policy Project Meeting on Reproductive Health
7. Training Report – MIHP Staff
8. Lutsk March Training Report – Consultant
9. Lutsk Mark Training Report – MIHP Staff
10. IEC Sample Poster
11. IEC Sample Poster
12. IEC Sample Poster
13. Donestk Follow-Up Visit Report
14. Kiev Maternity Needs Assessment Report
15. UNICEF BFHI Meeting Report
16. Coordinator's Meeting
17. MIHP Success Story
18. Breastfeeding Training Report
19. MIHP Quarterly Financial Report

**JSI/TASC UKRAINE**
**MATERNAL AND INFANT HEALTH PROJECT**
**QUARTERLY TECHNICAL REPORT**
**USAID CONTRACT NO.: HRN-I-00-98-00032-00**
**DELIVERY ORDER NO.: 812**

**THIRD QUARTERLY TECHNICAL REPORT OF PROJECT YEAR TWO**
**31 MARCH 2003 - 30 JUNE 2004**
**SUBMITTED 30 JULY 2004**

## I. EXECUTIVE SUMMARY

The following MIHP activities took place this quarter, including training courses, Training of Trainers (TOT), and follow-up visits in Donetsk, Torez, and Lutsk on Effective Perinatal Cares. Additionally, the MIHP held training courses on EBM and several TAG meetings leading to the development of important protocols. The MIHP conducted a Need Assessment of Kiev Maternity No. 1 and a Need Assessment of Polyclinic Pediatricians. Furthremore, the MIHP actively collaborated with UNICEF on Baby Friendly Health Initiative and the development of IEC materials and organized a successful meeting with its Oblast Coordinators. Also this quarter a number of equipment was purchased and distributes among MIHP sites. An overview of key activities and outcomes follows below, with detailed information provided in the corresponding attachments.

## II. PROJECT PROGRAMMATIC ACTIVITIES

## A. CAPACITY BUILDING /STANDARDS DEVELOPMENT COMPONENT

### 1. Workshop on Evidence-Based Medicine for MIHP/MOH Technical Working Group on Protocol development (TWG) ( March 28 – April 2, 2004)

The purpose this training for the 13 health care providers was to facilitate the TWG on Protocol Development. The participants represented MIHP, the MOH, and other health institutions, and thus the training aimed at teaching protocols in bleeding during pregnancy, premature development, as well as revision of already developed clinical protocols on CS, Diabetes, Eclampsia, and pre-Eclampsia. Please see Attachment No.: 1 for details of the workshop.

### 2. Workshop on Evidence-Based Medicine for Midwifes from Donetsk Maternity N 3 and Oblast Maternity Hospital (May 10-15, 2004)

The MIHP conducted a one day course on the basics of EBM with midwifes from Donetsk Oblast and supervised a 3 day course on EBM for doctors in Donetsk that was conducted by local professionals who had been trained during the preceding visits of consultant. Additionally, during the workshop, the MIHP held a meeting with staff of Kalinin Hospital in Donetsk to discuss issues surrounding CS and to design an audit of CS in order to reduce the rate of this procedure in their hospital. For more information on this workshop, please see Attachment No.: 2.

### 3. Training on Evidence-Based Medicine (June 8-11, 2004)

Held in Kiev, this training provided Ukranian health professionals with the capacity to conduct courses in the international standard of EBM. With the support of the MIHP Monitoring and Evaluation Consultant, MIHP held a two and half day TOT, which included the revision of existing materials and computer training. With the aid of the consultant, MIHP selected Russian materials that assisted in the desired outcome of preparing trainers to teach EBM in pilot sites. For a full report of the training, please see Attachment No.: 3.

### 4. Technical Advisory Group (TAG) Meeting (April 23, 2004)

This meeting on national clinical protocol development, located at the MIHP office in Kiev, sought to examine the final versions of numerous clinical protocols. The TAG decided that more protocols need to be evaluated, discussed, and developed, particularly for bleeding during pregnancy, deliveries, and postpartum period; premature deliveries; and hepatitis and pregnancy. Also discussed at the meeting were protocols surrounding basic principles of normal deliveries; psychological support to the women in labor from relatives and medical staff; filling-out the partogram; newborn care immediately following deliveries; prevention of hypothermia among newborns; clinical protocol on family planning; and pMTCT. The meeting participants adopted the protocols discussed and the group recommended that the MOH should be supported by MIHP in the printing of the first set of clinical protocols on perinatal care. For a list of the participants, please see Attachment No.: 4.

**5. Baby Friendly Hospital Module Meeting (April 6, 2004)**
Held at the MIHP Office, this working group meeting focused on monitoring guidelines of and reassessing the Baby Friend Hospital. Further topics discussed included objectives of M&E tools, descriptions of tools and their uses, development and implementation of the reassessment process in hospitals, and the use of achieved results. The working group concluded that there is a need to include into the appendix issues such as the prevention of hypothermia, encouragement of psychological support during delivery, and implementation of the "warm chair." The group recommended that the reassessment mechanism be first tested during Hospital #1's assessment.

**6. Working Group Meeting on Assessing the Reproductive Health in 2001-2005 Program (April 9, 2004)**
The group met to asses changes to the monitoring and evaluation plan of the **"**Reproductive Health in 2001-2005" National Program. The group discussed monitoring indicators and M&E plans, and developed recommendations for improving the M&E process. The group reached the conclusion that there needs to be more discussion of indicators regarding the prevention of maternal and perinatal deaths, abortions, MTCT, and cervical and breast cancers. The group recommended sociological research in order to get the data on various indicators.

**7. Working Group Meeting on National Clinical Protocols Development (April 23, 2004)**
The group met at the MIHP office to review the final versions of the clinical protocols on management of normal deliveries, partogram, family planning, and pMTCT. The group agreed that protocols need to be created for bleeding during pregnancy, deliveries, and postpartum period, premature deliveries, and hepatitis and pregnancy. Further discussions centered on management of normal deliveries, psychological support to the women during labor, prevention of hypothermia among newborns, and prevention of MTCT of HIV. Representatives of the Ministry of Health pressed the Project to support them in printing of the first set of clinical protocols on perinatal care. For more details on this meeting, please see Attachment No.: 5.

**8. Antenatal Training Module Development Meeting(June 28-29, 2004)**
Held at the JSI Moscow office, the meeting discussed the development of the Antenatal Care Training module for dcotors and midwifes working in Antenatal clinics. Facilitated by Katherine Shields, Program Officer of the US based World-Wide Education, and attended by 13, this meeting focused on course duration and schedule, effective training methods, and selection of participants. Participants concluded that such a Course on Antenatal Care is necessary, and the

course schedule was developed. The course module will discuss breastfeeding, infection control, and family planning.

**B. CLINICAL AND TRAINING COMPONENT**

**1. Training Course on Effective Perinatal Care (Simferopol City Maternity # 2 - April 19 – 30, 2004)**

Conducted in Simferopol City, this course trained 8 obstetrician/gynecologists, 5 neonatologists, 3 anesthesiologists, 10 midwifes, and 10 pediatric nurses, on evidence-based technologies in perinatology and practical skills for up-to-date qualified perinatal care. Throughout the training, the participants learned strategies about preparing themselves and families for births and caring for newborns, with the first week focusing on sessions. Additional conferences brought together obstetrician/gynecologists, neonatologists, and epidemiologists to discuss constructive means of working together. The second week took a more hands-on approach with participants working in medical settings. After the two-week course, the participants established a list of recommendations for how the local maternity centers and hospitals could spread their knowledge to their patients. For further details of this training, please see Attachment Nos.: 6 and 7.

**2. Training course on Effective Perinatal Care (May 24- June 4, 2004)**

Held at the Lviv Oblast Hospital, the main task of this course was to train obstetrician/gynecologists and neonatologists on evidence-based technologies in perinatology and to develop practical skills to render up-to-date qualified perinatal care. During the first week, participants were trained on the following topics: WHO strategy in perinatal care, contemporary strategy of safe motherhood based on informed decisions and family involvement, and evidence-based medicine. Further sessions focused on EBM, pain management during labors, perinatal asphyxia and hypoxia, and infection control. Ms. Irina Mikitchak, Head of the Department of Mother and Infant Care of the Lviv Oblast Administration and Mr. Orest Sereda, Head Physician of the Lviv Oblast Hospital, visited the training and met with participants. During the second week, participants obtained practical skills in managing deliveries using evidence-based practices recommended by WHO. To see more details of the training, and a list of recommendations, please see Attachment No.: 8.

**3. Training on Follow-Up Visits (Donetsk Hopsital #3 – May 4-5 2004)**

Present at the training were 15 MIHP local trainers from Donetsk, Lutsk, and Simferopol who learnt about the process of the follow-up visit, follow-up forms, and report design of the follow-up visit. Special focus was placed on counseling techniques during the follow-up visit. Each participant practiced interviewing and observed activities in Donetsk hospital # 3. The participants obtained practical skills in communication and follow-up methodology.
Reports done by participants in small groups were combined in a unified report.

**C. BEHAVIOR CHANGE AND COMMUNICATION COMPONENT**

**1. Development of IEC Materials**

This quarter MIHP and UNICEF initiated the development of guidebook for mothers. The Guidebook includes comprehensive information on various antenatal, perinatal, and post-natal issues. The Guidebook will be published next quarter.

**2. Training IEC and Counseling Training**

An IEC and Counseling Training took part in Donetsk City Maternity # 3 on June 8, 2004 as a recommendation of the follow-up experts. The purpose of the training was to improve IEC counseling skills of 20 junior medical staff, midwives, and pediatric nurses of the Maternity. Main topics of the training included the importance of IEC in health care settings, techniques of IEC development, counseling skills on using IEC materials, and practical sessions with postpartum women.

**Outcomes and Recommendations:**

Training participants received theoretical and practical skills on IEC counseling. Women in the postpartum department felt extremely satisfied with how the medical staff presented information on various health issues.

Many healthy care providers need more information on postpartum contraception, STIs and HIV/AIDS, and baby care after a mother is discharged from a maternity.

A training course needs to be organized focusing on practical counseling skills. Booklets on baby care can help improve women's awareness and give them confidence after they have left the maternity.

## D. MONITORING AND EVALUATION COMPONENT

The main activities that were completed this quarter focused on the following aspects:

- Development and application of new M&E reporting forms for MIHP sites;
- Data collection and processing for the period of October – May (monthly-based data);
- Establishment of an archive of primary M&E documentation;
- Development and testing of M&E forms, "Assessment of hospitalization causes during pregnancy," which were tested in Lutsk City Maternity; and,
- **Monitoring process initiation and documentation completion training in Kiev Matemity N 1.**

## III. FOLLOW-UP VISIT (Donetsk, Torez, Lvov, and Kovel)

MIHP staff members conducted the follow-up visits to Donetsk, Torez, Lvov and Kovel (Please see Attachment No.: 9 for details of the Lutsk visit).

## IV. NEEDS ASSESSMENT - KIEV MATERNITY # 5

By request of the USAID/Kiev Mission, MIHP personnel conducted needs assessment of the City Clinical Hospital # 5 on April 2, 2004. The report was submitted to the USAID/Kiev Mission.

## V. COOPERATION

**Collaboration with Policy Project. Extended Coordination Council of the National Program, Reproductive Health 2001 - 2005 (May 12 – 14)**
At this meeting in Yalta to discuss the cooperation possibilities for protection and improvement of RH issues, Helene Lefevre-Cholay, director of MIHP, presented to 76 representatives of government departments, 5 NGO participants, and 5 staff members of the Policy Project about goals and tasks of the project with regards to the international cooperation. Lefevre-Cholay outlined a strategy by which to organize perinatal care. The meeting focused on the issues of effective use of resources in RH care, quality and availability of RH care, implementing a manual on RH care, and finally international cooperation on RH in Ukraine. The group present came to the conclusion that they would work towards developing a resolution that would reflect all RH problems and means through which the ministries could collaborate with MIHP on RH improvement.

**2. UN Theme Group Meeting (June 1, 2004)**
At the request of UNICEF, UNTGM included MIHP in its work on Reproductive Health. The purpose of the Meeting was to prepare materials for an analysis of Reproductive Health in Ukraine and identify key problems in inter-sectoral cooperation. Topics discussed included an overview of RH assessment and global and national RH indicators. At the meeting's conclusion, every participant was given the task to submit available information on RH to the general population in Ukraine. MIHP has provided UNICEF with a follow-up and M&E results.

**3. MIHP participation All-Ukrainian Conference on Mother and Infant Care (May 23 – 26, 2004)**
Held in Lviv, this meeting focused on the advances and performance of pediatric and obstetric clinics in 2003, combined with the MIHP objectives in regards to health care reform. Two hundred doctors from all over the country and Oblast MIHP representatives attended the conference to review mother and infant health care in the past year, infant mortality, quality and reliability of statistics, contemporary approaches in perinatal care, and policy surrounding mother and infant health care. MIHP gave three presentations: Evidence-Based Medicine, Contemporary Approaches in Perinatal Care, and the MIHP Experience in Implementing Perinatal Technologies. MIHP used the Lutsk Maternity as its example, citing the perinatal technologies applied there and the positive effect of psychological support from family and medical staff to the mothers during labor. Additionally, MIHP presented its decrease of anesthetics and complicated deliveries, improvements in newborn health, and clinical protocols for obstetrical care. As a follow-up, the participants requested that the MOH organize a seminar on clinical protocols in perinatal care with the assistance of MIHP.

**4. Report Breastfeeding workshop: Policy and Practice (June 11, 2004)**
Thirty-five participants took part in the MIHP and UNICEF Initiative of Breastfeeding Workshop: Policy and Practice to discuss the challenges in infant feeding. Among the participants were the head neonatologists of four MIHP Oblasts and representatives of Oblast Departments of Health. The aim of the workshop was to identify barriers in breastfeeding practices and find solutions to overcome them. Ministry of Health representatives Dr. Pedan, Dr. Efimenko, and Dr. Shunko stressed on the lack of practical skills among health care professionals to maintain exclusive breastfeeding of infants up to 6 months. Olena Babak from

the Sociological Research Institute presented results of research findings of breast milk substitutes and violations of the International Code of Marketing of Breast Milk Substitutes. Ms. Babak noted that nearly 80 percent of Ukranian medical establishments that participated I the workshop realized they were in violation of codes. In order to adhere to standards, participants agreed to trainings of medical personnel in MCH facilities, introducing breastfeeding curriculum to educational medical institutions, and advocating for an adoption of the International Code of Breast Milk Substances.

**5. USAID Visits to MIHP Sites**
**For details of this, please see Attachment No.: 10.**

## VI. MIHP COORDINATOR'S MEETING

The MIHP Coordinators meeting took place on 7 May 2004 at the JSI Kiev office. The purpose of the meeting was to inform and share about the project implementation in all four Ukrainian oblasts (Donetsk, Lutsk, Lviv and Crimea), led by coordinators Illya Glazkov, Yury Drupp, Nina Zagrebelna and Galina Misiura. The presentation on new in-patient prikaz on normal deliveries and protocols developed jointly by MIHP and MOH was vital as this prikaz reflects the activities of the MIHP and WHO strategy. Additionally, Dmitry Komshin, MIHP Equipment Procurement Officer, explained the USAID rules on equipment purchasing and handling. The coordinators received an overview on new Health Legislation (Prikaz and Protocols) to be disseminated and implemented at their sites and gained skills on completing MIHP monitoring forms.

## XI. SUCCESS STORIES

**1.** After the Simferopol authorities attended the MIHP 2-week training at Simferopol Maternity # 2, they decided to allocate 500,000 Hrivnas to the Perinatal Mother and Child Center (another MIHP antenatal care site) for constructing additional premises in order to implement evidence based appropriate technologies, which will being in this summer.
**2.** MIHP finalized equipment specification and budget projects for medical and non-medical equipment procurement for the project sites and Kiev Hospital #1. Furthermore, MIHP developed and implemented equipment inventory databases and on-site inventories. For a list of equipment procured, see Attachment No.: 11.

## VIII. STAFFING

This quarter, Idriss Alaoui joined MIHP as Assistant on Reproductive Health, Natalia Podolchak joined as Assistant on Pediatric Issues, and Maxim Shmyhlo joined as the M&E Specialist, replacing Stanislav Pupyshev who left due to family reasons.

## IX. CONSTRAINTS

The largest constraint this quarter was gathering people from various institutions for Technical Working Groups Meetings, especially during the summer portion of the quarter. MOH helped MIHP overcome this.

## X. ANTICIPATED PROJECT ACTIVITIES NEXT QUARTER

- MIHP will conduct a breastfeeding TOT workshop for its sites.
- MIHP will hold an Effective Perinatal Training in Lutsk for Donetsk Oblast Maternity obstetrician/gynecologists.
- MIHP will run an infection control 5 day training in Donetsk.
- MIHP will coordinate Technical Working Group for neonatologists.
- MIHP will hold EBM courses in Lutsk and Simferopol, where there will also be a follow-up visit.
- MIHP will conduct a Clinical Protocols Revision Meeting.
- WP and Budgeting Meeting (September)
- Development of guidebook for mother- MIHP and UNICEF
- MIHP's M&E Comprehensive Feedback System will continue to collect and review data for project improvement.
- MIHP will hold its quarterly Oblast Coordinators meeting.

## QUARTERLY TECHNICAL REPORT ATTACHMENTS:

1. Kiev EBM Workshop
2. Donetsk Trip Report
3. Kiev M&E Training
4. Technical Advisory Group Meeting Participants
5. Clinical Protocols Meeting
6. Training in Effective Perinatal Care
7. Obstetric CareTraining Mission
8. May Perinatal Care Training
9. Lutsk Visit Report
10. MIHP Site Visits
11. List of equipment purchased for MIHP sites
12. Data for Donetsk Oblast
13. Data for Donetsk Hospital #3
14. Data for Kam Buzka
15. Data for Kovel
16. Data for Lutsk
17. Data for Lviv
18. Data for Saki
19. Data for Simferopol
20. Data for Torez
21. MIHP Quarterly Financial Report

# JSI/TASC UKRAINE
# MATERNAL AND INFANT HEALTH PROJECT
# QUARTERLY TECHNICAL REPORT
# USAID CONTRACT NO.: HRN-I-00-98-00032-00
# DELIVERY ORDER NO.: 812

**FOURTH QUARTERLY/ANNUAL TECHNICAL REPORT OF PROJECT YEAR TWO**
**1 JULY MARCH 2004 - 30 SEPTEMBER 2004**
**SUBMITTED 30 OCTOBER 2004**

## I. EXECUTIVE SUMMARY – Please see Attachment 1 for relevant details.

### A. Annual activity overview

**Training activity:** Year II of the Project focused on activities geared towards the improvement of perinatal care in MIHP sites. In all there were 680 health care providers trained in various courses at several sites. Most notable were the Donetsk Maternity N 3 and Lutsk-city Maternity which became centers of Excellence and served as training sites for the other MIHP health care settings.

**Protocol development:** The Ministry of Health (MOH) and MIHP Working Group on Protocol Development worked to develop and disseminate National Clinical Protocols over this year.

**BCC/IEC activity:** The MIHP developed 7 booklets and 5 posters aimed to raising awareness of women on perinatal care.

**M&E activity:** Eight (8) main M&E data collection formats were developed for MIHP and key MIHP personnel were trained on the data collection and handling.

**Equipment procurement:** The Project conducted initial site inventories and equipment needs assessment and developed a special database to track all equipment purchases.

### B. Fourth quarter activity summary

Training for MIHP sites was the focus of activities for this quarter. A MIHP/UNICEF joint activity lead to the production of a comprehensive guide-book for mothers-to-be and their relatives. M&E data processing and follow-up visits this quarter helped to improve perinatal practices in MIHP sites. Detailed MIHP activity summaries are in the following section.

## II. PROJECT PROGRAMMATIC ACTIVITIES

### A. CAPACITY BUILDING /STANDARDS DEVELOPMENT COMPONENT

**1. Training on Evidence-Based Medicine (EBM) for midwives and pediatric nurses -- MIHP Project Lviv Oblast pilot sites. (July 19, 2004)**

The MIHP conducted a one day training course for 12 staff from oblast pilot sites in order to introduce the principle of evidence-based medicine and its use in professional activities. Key issues of the training agenda included: pre-training preparation two weeks before the start of course; introduction of key EBM principles; following pregnancy, women in childbirth, postpartum, and newborn care. For more information on this training please see Attachment 2.

**2. Training on EBM for specialists with higher medical education in Lviv Oblast pilot sites. (July 20 – 23, 2004)**

This 4 day course was geared towards higher level medical professionals. The 19 specialists the participated were introduced to new methodologies, using key EMB principles, which could be used to assess the information and diagnostic tools. They were also trained on effective treatments and their precise use in clinical practice. For more information on this training please see Attachment 3.

**3. Training seminar on Evidence-Based Medicine. (August 5, 2004)**
Held in Kiev, this one day training provided 15 members of staff with the main factors that influenced the development of new approaches in clinical medicine, main principles of evidence-based medicine (EBM). For more information on this training please see Attachment 4.

**4. Clinical protocols development training for the working group on "Newborn Care and Treatment" (EBM).**
**(August 25 – 28, 2004)**
The purpose of this 4 day training was to familiarize the participants with the main principles of EBM from the point of their practical use within clinical and strategy stages. Participants included 15 Working Group experts, including 5 Department Chairs from the Medical Universities, Heads of the Newborn and Newborn Resuscitation Departments, midwife, pediatric nurse, 2 MIHP representatives. Overall this training was conducted on a high professional and methodological level and proved successful because of the good material comprehension showed by the participants. For more information on this training please see Attachment 5.

**5. Neonatal care protocol development meeting (TAG). (July 22 - 23, 2004)**
The MIHP conducted a 2 day meeting better define the strategy and tactics of clinical protocol development and to discuss the modern principles of physiological care of normal newborn. For more information on this training please see Attachment 6.

**6. National Clinical protocols development on Perinatal Care Work Group Meeting. (July 2 – 3, 2004)**

This Protocol Development meeting was geared towards the continuation of the current work, further discussion about the final versions and the beginning of work on new Clinical protocols. There were 12 participants and issues discussed included anomalies at birth, the specifics of new clinical protocol contents, hypertension at the time of pregnancy and bleedings in the postnatal period. For more information on this training please see Attachment 7.

**7. Meeting of Working Group on Protocol Development on Newborn Care (August 25 – 28, 2004)**
In Kiev, the MIHP conducted a 3 day training course on protocol development for newborn care. Participants were mainly neonatologists who were trained on EBM issues specific to newborn care.
For more information on this training please see Attachment 8.

**8. Work Group Meeting on Antenatal, Perinatal and Postnatal Care Clinical Protocol Development. (September 10 – 11, 2004)**
Over 20 protocols were reviewed by a team of 14 health care providers. Many changes were made in the clinical report on Hypertension, preeclampsia, Chronic Hepatitis, Iso- and auto-sensibilizations and post-partum hemorrhages. There were several recommendations from the working group at the end of the session, one of note being the creation of a draft Clinical Protocol on "Hemorrhagic shock". For more information on this training please see Attachment 9.

## VII) B. CLINICAL & TRAINING COMPONENTS

1. Reinforcement training on Effective Perinatal Technology in Lutsk (July 5 - 19, 2004)
Twenty nine (29) participants, (mainly obstetricians-gynecologists, midwives, neonatologists, and neonatal nurses) successfully completed this course. During the first (theoretical) training week (5-10 July 2004) activities lasted from 9:00 till 17:30 and included plenary sessions, presentations, case studies, role-plays, working in small groups, practical exercises, video presentations, practical trainings. During the second (practical) training week (11-16July 2004) 14 deliveries were successfully conducted. For more information on this training please see Attachment 10.

**2. Training on Newborn Hypothermia in Kyiv Maternity # 1 (July 28, 6, 2004)**
Objective: To increase the level of knowledge of health professionals working in Kyiv maternity # 1, on preventing newborn hypothermia and newborn temperature monitoring. And to develop clinical internal protocols on newborn thermal protection.
32 persons participated in the training: obstetricians, midwives, neonatologists, and pediatric nurses.
During the training the participants obtained the following skills:
1. Prevention of hypothermia, clinical signs, and treatment.
2. The 10 steps of the warm chain.
3. How to warm a newborn.
4. How to monitor newborn body temperature.
5. Group work on protocols development on newborn thermal protections.

***Conclusion***: The participants received skills and knowledge on prevention of newborn hypothermia, monitoring of newborn temperature, and the warm chain.
***Recommendations***:
1. To develop a protocol on newborn thermal protection; person responsible – Dr. Holianovskyi
2. To conduct a new training on newborn thermal protection and warm chain for the hospital staff who have not been trained; person responsible – Dr. Podolchak
3. To conduct a follow –up two weeks after the trainings to check if the warm chain is being implemented; person responsible – Dr. Podolchak.

**3. MIHP "Newborn Hypothermia" training in Kiev Maternity N 2 ( August 10, 2004)**
The training on Newborn Hypothermia was. 26 health care providers (ob/gy's, neonatologists, midwives, pediatric nurses) took part in the training.
***Objectives of the training:***
- to enhance understanding of principles and methods of hypothermia prevention and treatment;
- to introduce the concept of "warm chain";
- to familiarize staff with M&E forms and filling in rules.

Trainers: Podolchak Natalia, Alaoui Idriss, Shmygalo Maxim

Main issues raised during the training:
- WHO strategy in perinatal care
- What is hypothermia? Why hypothermia is dangerous for newborns?
- Hypothermia: causes and possible ways of prevention.

- Patho-physiological changes that occur with hypothermia
- Hypothermia treatment, ways of warming the baby.
- MOH Prikaz ? 620, issued on 29.12.2003, "Healthy newborn care at birth"
- Familiarizing staff with M&E forms and filling in rules

**Conclusions**:
During the training it was discovered that:
- Training participants lack knowledge on newborn temperature limits.
- Newborn temperature monitoring is not conducted at birth
- Training participants were familiarized with Prikaz ? 620 stipulating mandatory newborn temperature control within 30 minutes after birth
- Medical personnel does not realize yet, that it is crucial to keep the normal temperature of the newborn with the help of simple methods: immediate drying of the baby and covering him/her with a blanket, provision of early attachment and skin-to-skin contact
- There is a practice of skin-to-skin contact in the delivery room, however the baby stays on the breast of the mother for 10-15 minutes and after that he/she is taken away for weighting and umbilical cord care
- The practice of tight swaddling is existing, it is used for heat loss prevention
- It was stressed during the training that newborns need appropriate clothes (caps and socks)
- Separate transportation of newborns to post-partum department may also lead to heat loss.
- Ambient temperature in the delivery room is 23-24?
- When asked about the best methods of warming the baby, all the participants considered radiant heater to be the best option.
- Attention towards first attachment is not focused enough
- First feeding is limited in time

**Recommendations**:
1. It is required to maintain temperature in the delivery room > 25? .
2. Medical personnel requires training on perinatal technologies
3. It is necessary to provide an efficient back up of EBM
4. Neonatologists and pediatric nurses from neonatal departments require the following trainings: hypothermia and newborn care; breastfeeding support.

**4. Training Course on Infection Control in obstetric facilities in Lutsk maternity ( August 16 – 20, 2004)**
**Goal of the training:**
- Forming the understanding of infection control modern conception in obstetric facilities, oriented on warning nosocomial infections and based on epidemiologic diagnosis.
- Professional level improvement related to introduction of contemporary Perinatal technologies and insuring epidemiologic safety at all stages.
**Participants:** 22 specialists: 9 – epidemiologists; 2 – from healthy administration; 4 – ob&gyn's; 2 – midwifes; 3 – neonatologists; 2 – nurses. All they're from Volyn' oblast.
**Trainers:**E. Kolosovskaya, E. SousovaY., DruppV. Vorobyeva, G.Shyshuk

**Main topics of the training program:**

- WHO strategy in Perinatal care, the value and principles of prenatal care.
- Modern strategy of safety maternity based on awareness, concernment and family participation.
- EBM. Acquiring skills in use of headmost evidence based data for making decision in epidemiologic practice.
- Theoretic backgrounds of hospital epidemiology and infection control.
- Particularity on infection control organization in obstetric facilities in the light of contemporary Perinatal care.
- Approaches to implementation of infection control system, based on EBM principles, as strategy of prophylactic measures enhancing.
- Microbiological supplying of infection control, quality standards of bacteriological diagnosis.
- Antibiotic resistance issues. Practical recommendations in antibacterial drug use. Computer's analytic system WHONET.
- Mother and newborn nosocomial infections.
- Principles of expertise conducting in obstetric hospital.
- Infection control committee work, epidemiologists and clinicians cooperation.
- Blood-Transmitted infection, safeguard measures.
- Deal with maternity draff, safeguard measures.

**Conclusions:**

Participants had quite good assimilated the materials. That's proved by the following:

- Post-test results reached 66% of right answers comparing to 25% at the beginning.
- Participants conducted maternity expertise.

## VIII) C. BEHAVIOR CHANGE AND COMMUNICATION COMPONENT

### 1. EIC and Counseling trainings

EIC and counseling Training took part in Donetsk-city Maternity # 3, Donetsk Oblast Maternity, Sakhi-rayon Maternity, Simferopol maternity N 2, Kaminka-Buzka-rayon maternity, Lutsk and Kovel maternities in September, 2004 .

The purpose of the training is to improve IEC counseling skills of midwives and nurses in the maternities: 80 people took part in the trainings. The participants, using the Mother Format, learnt counseling skills and then practiced them with women in post-partum departments.

Main topics of the training included:

- Importance of IEC in health care settings
- Techniques of IEC development
- Counseling skills on using IEC materials
- Practical sessions with postpartum women

**Outcomes of the training:**
The training participants received theoretical and practical skills on IEC counseling. Women in postpartum department were very satisfied with the way the medical staff provided them with the information on various health issues for their newborns.

**Recommendations:**
Many a healthy care provider do not have enough information about such issues as:
-postpartum contraception
- Baby care after discharge from the maternity
A training course needs to be organized on the mentioned topics with focus on practical counseling skills for pediatricians. Booklets on baby care will help improve awareness of women and will give them confidence in practical actions after they are discharged from the maternity.

## 2. Development of IEC Materials

This Quarter MIHP together with UNICEF developed a comprehensive guidebook for mothers and their relatives which will include aspects of antenatal perinatal and postpartum care as well as main components of child health care. The guidebook includes the following topics:

- Planned pregnancy
- Antenatal counseling
- Danger signs during pregnancy
- Information about labor and delivery
- Psychological support of family members during labor and delivery
- Breastfeeding
- Sudden Death Syndrome Prevention
- Danger sings for infants
- Immunization
- Child development

Another brochure was developed, pre-tested and printed this quarter - Mother Format. This brochure explains mothers-to-be about hypothermia prevention, breastfeeding, sudden death syndrome and proposes tables on newborn development to be filled out by the mothers.

## D. MONITORING AND EVALUATION COMPONENT

M&E component's activities this quarter were focused on the following aspects:

1. Data collection and processing for the period of July -September (monthly-based data)
2. M&E Data analysis and Interpretation
3. Some M&E indicators were revised and improved
4. M&E analysis report form was developed

Please see MIHP M&E quarterly and annual results in the attachment section]

## E. FOLLOW-UP VISITS

### Follow-up visit to Simferopol and Sakhi sites

The follow-up visit took place in: Simferopol City Maternity #2, Saki Rayon Maternity in August 3 - 6, 2004
During the follow up visits the team conducted meetings and interviews with Maternities' management and staff. Also the team conducted observations of the delivery management, mother and infant care, breastfeeding practices, situation in the delivery room and C-section room, neonatal NICU, rooming in wards, post partum departments.
During the follow up visit, the team was not facing any problems – hospitals management and personnel showed maximum goodwill towards the team.
Despite the fact that in both maternities basic effective perinatal technologies are introduced in the practice, there are several general recommendations to improve mother and child care and make their presence in maternities safe and friendly. (Please see the reports attached)

## III. COOPERATION

**1. Participation in the Policy Project Working Group on the development of the project of «Reproductive Health Care Manual»**. ( August, 9 2004).
**Goal**: discussion of the main parts of the Manual on Reproductive Health Care, taking into consideration remarks of Work Group Meeting members and experts.

**Main issues disscussed:**
- Development of Reproductive Health Care Manual
- Reproductive Health Care of male population
- Mother 's Health issues
- Implementation of Evidence-Based Medicine principles in Reproductive Health
- Prevention of HIV transmission from mother to child.

The basic changes were brought in the above-listed sections.

**Conclusions:** Taking into account a significant amount of remarks, the part Implementing Evidence Based Medicine principles in Reproductive Health field» needs to be revised and changed completely.
**Recommendations:** In order to speed up Manual Project development, the next Work Group meeting should be conducted in September-October this year.

## IV. MIHP SITES VISIT

### A. MIHP Kiev sites visit with Nancy Godfrey - USAID Mission representative, Kiev

The purpose of the visit on August 17, 2004 was to get acquainted with the Maternities prior to the beginning of the MIHP site development activities. This assessment was done by Alexander Golubov, MIHP BCC specialist and Dr. Nancy Godfrey, Director of Social Transition and Health Programs of USAID Mission in Kiev. They visited Maternity department of Kiev Hospital N 1 and Maternity N 5. For more details on this visit, please see Attachment

17 August, 2004, Alexander Golubov, MIHP BCC specialist and Dr. Nancy Godfrey, Director of Social Transition and Health Programs of USAID Mission in Kiev visited Maternity department of Kiev Hospital N 1 and Maternity N 5.
The purpose of the visit was to get acquainted with the Maternities prior to the beginning of the MIHP site development activities.
During the visit meetings were held with Dr. Oleg Galyanovsky, Head of physiological department of Hospital N 1 and Dr. Ermakov Yury, head of counseling department of Maternity N 5. At the discussions both representatives of the hospitals said about expectations from the MIHP, namely:

- improve perinatal practices in general
- raise professional awareness towards best infant feeding practices
- improve normal delivery practices
- improve infant care in the maternities

It is expedient to note here that MIHP has just started to work with the mentioned maternities and conducted only one mini-training of Hypothermia Prevention in each of them. The Main MIHP activities in the maternities are scheduled to take place later this year.

## V. LOCAL COORDINATORS MEETING (September 2 - 3, 2004)

The goal of this meeting was to identify existing gaps and challenges as well as success stories in the Project implementation locally. Five coordinators (including Kiev one) took part in the meeting. During the meeting the MIHP staff presented the M&E comparative data analysis and received feedback from the local coordinators. Also, the coordinators were briefed on various current MIHP issues including protocol development process and training activities.

The meeting raised several issues of existing problems and possible solutions. Participants discussed monthly local trainings on perinatal technologies in the MIHP clinical sites to be conducted buy the trained local staff; immediate/necessary interventions in the sites according to the MIHP M&E results and feedback; immediate actions to be taken on all recommendations from follow-up visits and monthly propositions/recommendation from the sites on how to improve clinical practices.

## VI. EQUIPMENT PROCUREMENT

During this reporting period the Project continued to check the availability and specification of equipment available in the market. Equipment procurement bids were prepared and planned purchases were made. The total cost of equipment purchased for the project pilot sites since July

1, 2004 is 108 636,50 UAH. During the reporting period physical inventory of equipment was conducted. Such inventory was conducted in 9 maternities and 7 antenatal clinics. All the equipment was entered into the database and labeled with USAID inventory numbers.

## VII. SUCCESS STORIES

There were tow (2) main success stories reported during this quarter. One is related to a breakthrough in a positive relationship between the Sanitary-Epidemiology Department (SED) of Ukraine and the MIP. Due to the persistence and expertise of one of our local coordinators, there is now a joint MIHP/MOH/SED working group this has the goal of revising the epidemiological prikaz N 59 in accordance with International evidence-based technologies. Please see Attachment for more details.

The second success of note is due to the high level of effective performance of the Lutsk-city maternity. There success as a site is so outstanding that every month the maternity receives delegations from many regions of Ukraine to witness best perinatal practices.

**A) Success story 1**

It's not a secret that Sanitary-Epidemiology Department (SED) of Ukraine is a controlling punishment body of health care settings in Ukraine in terms of infection control. Tough regulations and unnecessary scrupulous infection tests stipulated by prikaz N 59 are the main activities of SED experts visiting perinatal establishments that in many ways contradict effective evidence-based infection control practices.

Ministry of Health of Ukraine invited MIHP site local coordinator Nina Zagrebelna to share the experience in development of Lutsk city-maternity as a center of Excellence with focus on infection control during joint meeting of MOH and Sanitary-Epidemiology Department of Ukraine on September 2, 2004 . Head epidemiologists from all Ukrainian regions were present at the Meeting.

At the Meeting Nina Zagrebelna presented the achievements of MIHP site (Lutsk-city Maternity) which has been implementing effective perinatal evidence-based technologies according to new MOH prikaz N 620 on perinatal care developed with the support of MIHP.

After Nina's presentation of the results, the participants were surprised at the changes in the maternity and questioned Nina on the steps of the achievements such outstanding results.

In 5-day time MIHP received a letter from SED asking for cooperation in helping setting up working group to revise epidemiological prikaz N 59 in accordance with International evidence-based technologies. The joint MIHP/MOH/SED working group on prikaz N59 and protocols revision is scheduled to be held early the next year.

**b) Success story 2**

The site development in Lutsk-city maternity started to take place in February 2004. During seven month the maternity reached a high level of effective performance and became the Center of Excellence on perinatal technologies and draw attention of many other oblasts health authorities to the changes and achievements. Every month now the maternity receives delegations from many regions of Ukraine to witness best perinatal practices.

Till present there were 16 delegations visiting Lutsk maternity with 140 people. Just to name some important delegations:

Zhitomir-city: Governor, Head of Oblast Health Administration;
Komsomolsk-town: Mayor of the town and health authorities;
Ternopol-town: Mayor and Ternopol health administration authorities;
Komsomolsk-town: Mayor and health authorities;
Vinnitsa: Deputies of Vinnitsa oblast and the Mayor;
Kharkiv-city: heads of Oblast Health authorities.

All the mentioned delegations and other oblasts addressed MIHP and USAID Mission. with the request to include them into the Project. Among the mentioned ones Komsomolsk and Zhitomir will be included in MIHP due to the Mission support.

## VIII. STAFFING

This quarter one (1) staff person joined the Project: Igor Vinokurov – consultant on M&E data handling/entering and WEB-site designer.

## IX. Constraints

The major constraint this during this quarter was the interference of Sanitary-Epidemiological Services (SES) in the Practices of MIHP sites: Sakhi maternity, Torez Maternity, Donetsk, Maternity, Lviv Maternities. Referring to Prikaz N 59 the SES representatives reprimanded these maternities and insisted on the fulfillment of old perinatal practices. These constraints were overcome by informing and actively persuading SES Staff that evidence-based technologies were appropriate for these maternities.

## X. ANTICIPATED PROJECT ACTIVITIES NEXT QUARTER

Next quarter the following activities and scheduled to be conducted:

- trainings on Infection Control in Kiev and Lviv
- Needs assessment of pMTCT activity and assessment of new MIHP sites
- Tutorial perinatal training in Donetsk Oblast Hospital
- MNC training in Kiev followed with ToT training
- Follow-up visit in Donetsk and Lviv MIHP sites
- Working groups on protocol development for ob/gyns and neonatologists
- Trainings on EBM for MIHP sites
- Training on IEC counseling for Kiev maternity N 2

- Development of EIC materials: poster on Family delivery, booklet on HIV pre and post test counseling

**QUARTELY REPORT ATTACHMENTS:**

1. **Follow-up results of Simferopol Sakhi (reports)**
2. **Report on MIHP M&E results**
3. **Trainers report on Infection control in Lutsk (trainer's report)**
4. **List of equipment purchased for MIHP sites.**

,

# Making Medical Injections Safer
# John Snow, Inc.
# Annual Report
# September 30, 2004

## Background

With funds from the President's Emergency Plan for AIDS Relief, the United States Agency for International Development (USAID) contracted John Snow Inc. (JSI) to implement *Preventing the Medical Transmission of HIV: Reducing Unsafe and Unnecessary Injections in Selected Countries of Africa and the Caribbean* (commonly known as Making Medical Injections Safer or MMIS) in Ethiopia, Mozambique, Nigeria, and Uganda. The 11-month USAID project began officially in early March 2004 and ends in January 2005. JSI was also awarded a contract with the US Centers for Disease Control and Prevention (CDC) to support the same type of projects in Haiti and six countries in Africa. This contract will continue as a new five-year cooperative agreement for CDC countries. Although a mechanism to finance follow-on activities has not been finalized for USAID countries, the project has been informed verbally that a non-competitive cost extension will be granted to continue the work from the initial 11 months.

This report summarizes the accomplishments of the JSI/MMIS Project to date in Ethiopia, Nigeria, Uganda and Mozambique.

## Project Management and Partnerships

The project is staffed at the JSI offices in Arlington, Virginia with a project director, four technical advisors, an administrator, and a financial analyst. The subcontractors on the JSI/MMIS Project include Program for Appropriate Technology in Health (PATH) for procurement and waste management, as well as the Academy for Educational Development (AED) and the Manoff Group for behavior change and communications. In addition, on-demand technical assistance is provided by staff from JSI's DELIVER Project.

In all four countries, the JSI/MMIS Project established field offices staffed with a country director, a logistics and waste management advisor, a behavior change and communications (BCC) advisor, and an administrative / finance officer. Each country is backstopped by a technical advisor at headquarters who serves as a Country Team Liaison (CTL) to facilitate the day-to-day management and coordination with the Country Director.

In-country teams provide technical guidance and collaborate with the MOH, USAID, CDC, WHO, SIGN and other stakeholders in injection safety. At the international level, JSI/MMIS has established a close working relationship with the WHO Africa regional office (WHO/AFRO) and headquarters in Geneva. Through bi-weekly phone conferences, JSI/MMIS and WHO discuss follow-up issues and future plans and coordinate strategies.

## Project Launching

On April 28-30, 2004, an orientation meeting was organized in Uganda for the JSI/MMIS staff from our field offices and headquarters to spearhead the injection safety activities under USAID and CDC funding. A team of staff from JSI, AED, PATH and the World Health Organization/Geneva and WHO/AFRO facilitated the meeting. Chemonics International and University Research Corporation were invited to participate to coordinate the work they are doing in injection safety projects in Zambia and Namibia, respectively. The main objectives of

this meeting were to prepare the staff to develop an injection safety action plan with their national counterparts and to prepare a project workplan.

During the first day, facilitators presented the major components of the SIGN approach in order to orient project staff to the issues surrounding injection safety and safe health care waste management. The second and third days of the workshop were devoted to individual country work plan development. The meeting resulted in the drafting of country work plans and country strategic plans for all four USAID-sponsored countries. Subsequent to this meeting, all four countries vetted their work plans with national stakeholders and completed selection of early implementation sites.

All parties agreed that this project presents a unique opportunity to foster relationships and cross-country sharing of experiences and expertise. The next opportunity for a project-wide meeting of this sort will be in South Africa in October, 2004.

**Technical approach**

In the four countries supported by USAID funding, JSI/MMIS is implementing the three-pronged strategy recommended by SIGN:

1. Change behavior of health care workers and patients to ensure safe injection practices.
2. Ensure availability of equipment and supplies.
3. Manage waste safely and appropriately.

At international and national levels in each of the four countries, JSI/MMIS' strategic approach consists of mobilizing stakeholders inside and outside the Ministry of Health to ensure that the policy and action plans developed with the contribution of our staff are coherent and sustainable. The JSI team already collaborates with many of these organizations in country, and new partnerships will be developed as needed.

At the annual SIGN meeting in Cape Town, South Africa in October 2004, two of the USAID countries will have the opportunity to showcase their work. The Mozambique team will present the experience and new tools for supply chain management while the Commissioner for Health, Curative Services, in Uganda will present its model of an injection safety task force, its development, and the activities that this task force has been able to achieve.

**Injection safety situation and assessments**

In each of the four countries, JSI/MMIS conducted a rapid review of existing data to determine the content and quality of available information. Two countries (Uganda and Ethiopia) had completed an injection safety assessment that pre-dated this project (June-July 2003 for Uganda and 2000 for Ethiopia). It was decided that the information in Ethiopia needed to be updated so a new assessment with some additional data on behavior change was carried out. Mozambique conducted an assessment in March-April 2004 with support from UNICEF, and Nigeria conducted one in July 2004 with support from WHO. For these assessments, the countries adapted "Tool C" from the SIGN toolbox.

**Establishing/ Strengthening National Injection Safety Group**

In each of the four countries, JSI/MMIS helped to establish or strengthen a National Injection Safety Group. The JSI/MMIS team has extensive experience in facilitating this type of process. In Uganda, JSI/MMIS facilitated the creation of a National Injection Safety Task Force composed of all the key departments of the Ministry of Health and other development partners interested in injection safety. The development of the policy and the action plan was conducted with the input of each of these agencies to ensure that the views of all levels of policy makers, managers, and providers were represented in the draft documents and that all agencies were committed to their implementation. The Uganda National Injection Safety Task Force serves as a model, not only for the three other countries, but also for CDC-sponsored countries. The other three countries have also organized national groups. In Mozambique, the injection safety group is a technical group of MOH staff and JSI/MMIS that functions within the larger Task Force for Infection Control and Prevention. In Ethiopia, the national injection safety committee was formed initially with the EPI section of the MOH and later expanded to include curative services.

The country directors assist with coordinating the Injection Safety Group of key partners that have a stake in injection safety and health care waste management. In each of the four countries, WHO, USAID, CDC and others have been briefed about the project, and most of these partners have representatives on the injection safety task force.

**National Plans and Policies**

During the Uganda orientation meeting mentioned earlier, each country team developed a draft country strategic plan for the 11 month duration of this project. In addition, a detailed activity timeline was developed and submitted to the Ministry of Health and other partners for review and comment.

In each of the four countries, the JSI/MMIS team facilitated the development or improvement of a National Injection Safety Policy and an Action Plan. Uganda already had a comprehensive injection safety and healthcare waste management policy that has served as a model for other countries under this project. In Ethiopia, the MOH was already drafting infection prevention guidelines, and the project was able to contribute a section on injection safety to this document. In Mozambique, a draft national plan was developed at a workshop with the nursing department of the National Department for Medical Assistance.

The National Action Plan for Injection Safety and the national policy for injection safety will be finalized in each country after carefully reviewing the experience of the pilot program. JSI/MMIS is organizing a workshop in South Africa in October 2004 – following the SIGN meeting – to draft a multi-year action plan including a sustainability plan for submission to the national injection safety groups and international donors and partners.

**Designing and field-testing a project to enhance injection safety**

In each country, four areas were selected for the initial phase. In these areas, the interventions

planned at the national level include behavior change and training of health workers and waste handlers as well as use of innovative technology such as disposable syringes with reuse and/or needlestick prevention features, and new approaches to waste management are being tested. The lessons learned in these early implementation sites will guide later expansion of this work. In Uganda, central level trainers and districts trainers were trained first, followed by training of health workers. In the other countries, training of central and district-level staff has begun, but training of health workers will start once the commodities are distributed in country.

**Behavior change and communication**

All four of the USAID countries completed an assessment of behavioral determinants of unsafe injections in June and July 2004 using "Tool A" from the SIGN toolbox. Three of the countries then participated in one of two regional BCC workshops sponsored by AED: Ethiopia and Uganda at the workshop in Kenya in August 2004 and Nigeria in South Africa in September 2004. Mozambique received a technical assistance visit by the Manoff Group, which is the behavior change communication subcontractor supporting efforts there. All four countries have a draft strategy for behavior change and advocacy subsequent to the workshops and technical assistance visit. Uganda has moved even farther ahead with draft materials now being field tested in the early implementation areas.

**Commodity procurement**

To support the increased availability of safe injection commodities used in curative services, as well as safe disposal of the same, a pooled procurement was organized by JSI and its subcontractor PATH for all countries (including CDC-sponsored countries) to achieve an economy of scale. The procurement for these four USAID countries includes over 9.5 million new disposable needles and syringes (the vast majority with reuse and/or reuse and needlestick prevention features in accordance with host country preferences and policies), more than 100,000 safety boxes, and over 1,500 needle removers. This procurement was calculated to meet the needs of the facilities in the project's initial implementation areas.

All countries' supply needs were consolidated into an international tender, including transportation to the countries. Small quantities of other supplies, such as cotton wool, disinfectants, and antiseptics are being purchased locally within each of the countries. The first shipments of the internationally-procured commodities were made in September 2004. Uganda and Ethiopia have confirmed arrival in country of the first air freight shipments of syringes. Nigeria expects to receive its first shipment on October 11$^{th}$. Sea freight shipments of the remaining items (including all devices for Mozambique) are scheduled to arrive in country in the 2$^{nd}$ or 3$^{rd}$ week of November. The total estimated cost for the pooled procurement of commodities and freight is about $1,355,000.

**Waste Management**

The JSI/MMIS team reviewed sharps waste management practices in the initial implementation districts and assisted in the development of waste management plans. In each of the four

countries, different strategies to improve health care waste management have been discussed including the use of needle removal/destruction, incineration, and other locally viable options. Waste disposal plans for health facilities in the pilot areas are based on local circumstances. Opportunities for leveraging support from other agencies for waste disposal capital improvements such as incinerator construction are being explored. The national policy for health care waste management will be finalized after carefully reviewing the experience of the pilot program in each country.

**Monitoring and Evaluation**

In this project, given the short time frame, monitoring and evaluation activities are focused on the deliverables and developing a mechanism for the systematic identification and dissemination of lessons learned. In CDC countries, now that the next five-year project has been awarded, the JSI/MMIS headquarters team has developed a list of project-wide indicators for the follow-on project. A model Tool C has been adapted to capture the data needed for these indicators. The monitoring and evaluation advisor will work with each country program to adapt this tool to the existing tool used at baseline so that cross-country, project-wide comparisons can be made as well as tracking progress in country-specific indicators. These tools are also available to USAID-sponsored countries which receive continued funding.

**Country Progress to Date**

**Ethiopia**:

In April, staff were recruited to begin the project in Ethiopia. The Country Director and JSI Chief of Party were able to participate in the Uganda orientation where they drafted the discussion paper to guide development of the national strategic plan. In May, USAID, CDC, the Ministry of Health and other stakeholders were introduced to the project and discussions surrounding policy and action plan development were initiated. The MOH of Ethiopia is including injection safety within the larger framework of infection prevention and control. The injection safety parts of the draft national infection control policy were reviewed during the consensus-building workshop organized by MOH in May 2004. Subsequently, MMIS was asked to draft a full chapter on injection safety that has now been added to the revised infection prevention guidelines.

The *woredas* (districts) of Ada'a, Adami Tulu, Dale and Sodo were selected as early implementation sites
with the consensus reached with USAID, Regional Health Bureaus (RHBs) and CDC. These districts contain 4 hospitals, as well as 46 health centers, clinics and health posts. Two of the hospitals are first phase PMTCT/ART sites for the Emergency Plan for AIDS Relief in Africa. An additional three hospitals outside the pilot districts were added to the IS pilot plan because they are referral hospitals for PMTCT for pilot IS districts under the Emergency Plan.

A national injection safety group was formed initially with the participation of the EPI group at the MOH, WHO, USAID, and UNICEF. To address the injection safety issues and concerns of the country in a comprehensive manner, the group then requested the participation of other

departments within the MOH: Health Services and Training Department, Disease Prevention and Control Department, Hygiene and Environmental Health Department., and Pharmaceutical Administration and Supply Services. In addition, consensus was reached to include other relevant stakeholders like CDC, HIV/AIDS Prevention and Control Office (HAPCO), UNAIDS, RPM+ and FHI. The revised terms of reference for the committee and list of participants for the expanded committee were negotiated with the MOH.

In 2000, a nation-wide Tool C assessment was conducted in Ethiopia, but no further work in injection safety was undertaken until this project began. With the start of this project, Ethiopia opted to conduct a new 'mini-Tool C' assessment to incorporate elements of behavior change into the assessment as well as to update the quantitative data collected in 2000. WHO/Ethiopia collaborated in the collection of this data in July 2004. The assessment report was completed in August 2004 and the findings were disseminated in a workshop.

In July, the heads of district health offices, health centers, and hospitals met at a two-day orientation workshop to review the findings of the supply management assessment which had been conducted in June and based on these findings the logistics strengthening plan and tools were update as needed. The procurement for Ethiopia included more than 1.6 million new disposable syringes with reuse and/or reuse and needle stick prevention features, over 25,600 safety boxes, and 238 needle removers. These quantities were calculated to ensure that a sufficient supply would be available in the early implementation sites.

In order to address the issue of hazardous waste that will be generated from this procurement, a local consultant was hired to conduct the waste management assessment and to map the facilities in the pilot sites. The data collected during this assessment were analyzed and a draft district-level report was prepared to help plan health care waste management activities. In August, each district health office, health center, and hospital in the early implementation areas was tasked with putting forth a plan to establish a health care waste management committee at facility and district levels, estimate the quantity of waste that will be generated, and identify locally appropriate waste disposal methods. In September, the draft waste management plan was reviewed and finalized during supervisory visits made to nine early intervention health facilities.

BCC data was collected in July 2004. The BCC advisor and two local counterparts then participated in the regional BCC workshop in Kenya in August where the BCC strategy was developed. Communication materials have been developed and are now being field pre-tested before finalization. Training manual for *Injection Safety and Sharps Waste Management* was developed and reviewed by pertinent stakeholders in a two-day workshop in September 2004. The training manual consists of chapters on National Injection Safety Situation, Safe Injection Practices, Proper Sharps Waste Management, Drug Supply Management, Adult Learning Principles and Communication Skills. Thirty-seven Health Workers drawn from pilot implementation sites participated in two Training of Training (TOT) workshops organized from Sept. 20 -25 and Sept. 28 - Oct. 2, 2004. Training of 400 health workers is scheduled to be completed by December 2004 using the two regional core teams of trainers.

During a recent meeting of the GAVI Sub-Regional Working Group for Eastern and Southern Africa, WHO and UNICEF presenters declared that JSI/MMIS has made "the most significant contribution ever in injection safety in Ethiopia."

**Mozambique**:

In March-April, UNICEF and the MOH implemented a Tool C assessment with technical assistance from the new JSI/MMIS country director. Preliminary results were reported in the JSI/MMIS Country Strategic Plan, and the official report from the assessment was finalized. In addition to the Country Strategic Plan, two discussion papers have been drafted: one on waste management, and one on injection safety which outlines the current injection safety situation, identifies priority activities, and lays out a plan for the project.

A technical group consisting of 20 members of MOH staff and JSI/MMIS focuses on injection safety issues within a larger Task Force for Infection Control and Prevention. This group is meeting monthly, and to date it has also held two workshops to review the baseline assessment and monitoring tools and to develop an operational plan for each of the selected sites. In addition, a draft national plan was developed in collaboration with the National Department for Medical Assistance.

The efforts of this project are taking place within the framework of the biosecurity/infection prevention and control effort in Mozambique. Training on the elements of biosecurity is being conducted at the hospital level by JHPIEGO and at health units by the local MMIS team. This team is working with them to incorporate appropriate injection safety elements into the curriculum. The first training of trainers in injection safety and waste management was held in June. This training covered all of the early implementation sites, and as a result of it, the group was able to identify the type of protection material and buckets that will be needed for staff handling health care waste. In addition, a larger training planning exercise related specifically to injection safety will be undertaken using the findings of the behavior change assessment. To support this effort, a database of the staff of all health units in the selected sites was built with data on category of staff, year of training, time of service, and position in unit.

The initial implementation sites have been identified in the following provinces: Gaza (Xai-Xai City), Zambezia (Quelimane district), Nampula (Nampula City), and Maputo (Mavalane district). A total of 43 health units are included in these areas.

An assessment of the current supply management capacity and systems for safe injection commodities was conducted in July 2004. The consultancy resulted in examination of available consumption data to inform the next procurement of supplies and to examine the appropriateness of supplies already in the procurement process. Importation requirements were identified and local transportation and logistics systems that the supplies will enter were also examined. Based on this assessment, the procurement for Mozambique included more than 1.3 million new disposable syringes with reuse prevention features, over 13,200 safety boxes, and about 400 needle removers. These quantities were calculated to ensure that a sufficient supply would be available in the early implementation sites. New tools developed by the local team include a register book for injections which will provide the project with consumption data on the number of syringes needed, the injectable preparations which are used most frequently, and the patients

who receive them by age and gender. This tool should assist the project in ensuring adequate requisitioning and forecasting for injection devices.

JSI has registered the current JSI/MMIS project within the Department of Planning and Cooperation of the MOH. Registration at the Ministry of Foreign Affairs is also being sought in order to be able to clear the donated commodities through customs without duty.

After an initial desk review of existing national and provincial-level literature on behavior, a BCC assessment was conducted in July 2004 using an adaptation of Tool A from the SIGN toolbox which included TIPS (Trials of Improved Practices) and in-depth interviews with the health workers as well as focus group discussions. The qualitative data obtained in this assessment sheds light on current practices of health workers and the community's perspective and preferences on services and injection practices. These findings were used in drafting the BCC strategy.

Current waste management practices and infrastructure were assessed in July 2004. This assessment identified waste management options, and the findings were used to develop a draft waste management plan for this initial project and the long-term. In addition to the assessment, JSI/MMIS provided funds for transport and installation to move an existing MOH incinerator from Maputo to Nampula City.

**Nigeria**:

The Nigeria program began in April. Following the project orientation meeting in Uganda, the country director began meeting with the various stakeholders including the Federal Ministry of Health, Department of Public Health, Department of Hospital Services, Ministry of the Environment, National Committee on AIDS, WHO/Nigeria, UNICEF and other partners to build consensus around the draft country strategic plan. A national injection safety group was established with key stakeholders.

The initial implementation areas were selected based on target population, type of setting (urban, peri-urban or rural), estimated impact of the project, and availability of a working incinerator. The local government areas that were selected include Ajeromi Ifelodun (Lagos State), Badagry (Lagos State), Taruani (Kano State), and Gwagwalada (Federal Capital Territory).

In July 2004, an assessment of procurement and supply management was conducted. Data on health facilities and the number of facilities where injections are given were collected as well as waste management planning.

The procurement for Nigeria included more than 2.8 million new standard disposable, reuse prevention, and reuse / needle stick prevention syringes, almost 29,000 safety boxes, and about 600 needle removers. These quantities were calculated to ensure that a sufficient supply would be available in the early implementation sites. The first shipment is expected to arrive October 11$^{th}$.

The Nigeria team conducted a Tool C injection safety assessment in the selected districts in July 2004 with technical assistance from JSI/DC and WHO. This assessment data will be used to

update the findings of a desk review of existing studies which was completed in April 2004. The assessment report is currently under development.

A BCC assessment was conducted concurrently with the injection safety assessment in July. In September, the BCC advisor and national counterpart traveled to South Africa for a regional BCC workshop, at which time they drafted a strategy paper and implementation plan. This strategy is currently under review.

**Uganda**:

The Uganda JSI/MMIS project is ahead of its counterparts in implementation of the strategy, as they had conducted an assessment in June-July 2003, formed the injection safety task force and developed the national injection safety and waste management policy and action plan prior to the project orientation meeting in Entebbe.

Stakeholder support is widespread and is a key element in the successes to date of the Uganda JSI/MMIS project. Partners include the Ministry of Health, USAID, CDC, WHO/Uganda, JSI's DELIVER, AIM and UPHOLD projects, UNICEF and the US Ambassador to Uganda. The project team met with the Ambassador directly after the Orientation Meeting in Entebbe, and was encouraged by the Ambassador's enthusiastic response. The Uganda National Injection Safety Force (UNISTAF) has been formed and is meeting regularly.

Since March, Uganda has developed a detailed implementation plan for the four selected districts (Nebbi, Mbarara, Mpigi, Pallisa) and has trained 35 central-level and 85 district-level trainers in improved safe injection and waste management practices. In addition, over 1700 lower-level health workers have been trained. A facilitator's guide was developed, and the manual on standards for injection safety and waste management was finalized.

Tool A from the SIGN toolbox was adapted for use in the BCC assessment in four districts in July. The adapted tool was shared with other JSI/MMIS project countries as a model for adaptation to other country environments. The qualitative data were analyzed and in August, the BCC advisor and a national counterpart traveled to Kenya for a regional meeting to draft a BCC strategy. Uganda has drafted training materials including a wall chart, fact sheet, and leaflet. These materials are currently being field tested in the early implementation sites.

An assessment of supply management was conducted in the four implementation districts in May. This assessment showed that district stockouts of up to 4.5 months were being reported. Data from this assessment were used to calculate the procurement for Uganda. The procurement included more than 3.9 million new disposable syringes with reuse prevention features, 39,300 safety boxes, and over 300 needle removers. In addition, the local team was able to leverage local funds to increase this procurement to 4.6 million syringes. These quantities should be more than adequate to cover the early implementation sites, which were estimated to need about 4 million syringes annually. Additional materials such as cotton wool, kerosene, boots and gloves are being procured locally. The first air freight shipment was received in September 2004. Draft waste management plans have been developed and are under revision by the MOH and the UNISTAF.

A manual on commodity logistics management being developed by the MOH was revised and finalized for use in JSI/MMIS pilot sites as well as other areas of Uganda.

# Making Medical Injections Safer
# John Snow, Inc.
# Report on Progress to Date
# June 15, 2004

## BACKGROUND

With funds from the President's Emergency Plan for AIDS Relief, the United States Agency for International Development (USAID) contracted John Snow Inc. (JSI) to implement *Preventing the Medical Transmission of HIV: Reducing Unsafe and Unnecessary Injections in Selected Countries of Africa and the Caribbean* in Ethiopia, Mozambique, Nigeria, and Uganda. The 11-month USAID project began officially in early March. JSI was also awarded a contract with the US Centers for Disease Control and Prevention to support the same type of projects in seven countries in Africa and Haiti. Since then, JSI has been setting up offices in all four countries and recruited local staff to conduct the project at country level. At international level, JSI works very closely with the World Health Organization to ensure that the project is implemented in good synergy with this important partner.

On April 28-30, 2004, JSI organized an orientation meeting in Uganda for its entire national staff recruited to spearhead the Injection Safety Project activities. The main objective of this meeting was to give our staff an update on the strategies and partnerships necessary to develop an injection safety action plan. This meeting was co-chaired by JSI and WHO. Among the participants were also other organizations contracted by USAID to implement injection safety projects in Africa (Chemonics International and University Research Corporation) and representatives of six countries receiving funding through CDC. The Uganda meeting was an important opportunity to review the Safe Injection Global Network tools and approaches. It was also important for country staff to voice their concerns and receive guidance on the practical ways to move forward. The meeting resulted in the drafting of country work plans and country strategic plans for all four USAID sponsored countries.

As of June 11, 2004, all four countries have vetted their work plans with national stakeholders and completed site selection and commodity estimations (see attached table). All field offices are fully staffed with Country Directors, Logistics & Waste Management Advisors, Behavior Change and Communications Advisors and Administrative/Finance Staff.

This document summarizes JSI's overall approach for Ethiopia, Nigeria, Uganda and Mozambique. Detailed workplans and country strategic plans have been developed in each country after the Uganda meeting and these are attached as appendices to this document.

## I. TECHNICAL APPROACH

As described in our initial proposal, in the four countries JSI is implementing the three-pronged strategy recommended by SIGN:

1. Change behavior of health care workers and patients to ensure safe injection practices.
2. Ensure availability of equipment and supplies.
3. Manage waste safely and appropriately.

At international and national levels in each of the four countries, JSI's strategic approach consists of mobilizing stakeholders within and outside the Ministry of Health to ensure that the

policy and action plan developed with the contribution of our staff are coherent and sustainable. The JSI team already collaborates with many of these organizations in country, and new partnerships will be developed as needed.

**2.1. Review of injection safety situation and assessments**

In each of the four countries, we first conducted a rapid review of existing data to determine the content and quality of available information. Mozambique and Uganda have completed an injection safety assessment in June-July 2003 (Uganda) and March 2004 (Mozambique). Ethiopia had conducted an assessment in November 2000, but the MoH and its partners agree that this information needs to be updated. Nigeria has never conducted an assessment of injection practices. JSI and WHO are currently in discussion to coordinate the organization of an assessment within the next month or two (June- August) in both countries. Nigeria and Ethiopia will use the SIGN Rapid Assessment and Response Guide and Tool C for the assessment of injection practices as the basis for the country-specific assessment tools.

**2. 2. Establishing/ Strengthening National Injection Safety Group**

In each of the four countries, JSI helped to establish or strengthen a National Injection Safety Group. The JSI team has extensive experience in facilitating this type of process. For example, in Uganda, JSI facilitated the creation of a National Injection Safety Task Force composed of all the key departments of the Ministry of Health including curative services, preventive services, environmental health division, and other development partners interested in injection safety. The development of the policy and the action plan was conducted with the input of each of these agencies to ensure that the views of all levels of policy makers, managers, and providers were represented in the draft documents and that all agencies are committed to their implementation. Uganda National Injection Safety Task Force serves as the model for the three other countries, but also beyond USAID sponsored countries.

**2. 3. Drafting National Plans and Policies**

In each of the four countries, the JSI team is committed to facilitate the development or improvement of a National Injection Safety Policy and an Action Plan. Uganda has already a comprehensive injection safety and healthcare waste management policy that serves as a model for other JSI supported countries under this project. The same approach will be used for Ethiopia, Nigeria and Mozambique where the discussions have already started. During the Uganda orientation meeting, each country team developed a draft country strategic plan for the 11 months duration of the project. In addition a detailed activity timeline was developed and submitted to the Ministry of Health and other partners for review and comment.

**2.4. Design and field-test a project to enhance injection safety**

In each country, a limited number of districts were selected for the initial phase. In Uganda, central level trainers and districts trainers were trained. The training of health workers will start as soon as the injection commodities arrive. For pilot project procurement, JSI and its subcontractor PATH have organized a central procurement for all countries –including CDC-sponsored countries – to achieve cost savings. The JSI team will review sharps waste management practices in the priority districts and assist in the development of a waste management plan to guide implementation of district-level activities. At this stage, in each of the four countries, different strategies to improve health care waste management are being

discussed including the use of needle removal/destruction, incineration or other locally viable options. Waste disposal plans for health facilities in the pilot areas will be based on local circumstances, and opportunities for leveraging support from other agencies for waste disposal capital improvements such as incinerator construction will be explored.

The National Action Plan for Injection Safety and the national policy for injection safety and health care waste management will be finalized after carefully reviewing the experience of the pilot program. JSI intends to organize a workshop in October 2004 – following the SIGN meeting – to draft a multi-year action plan including a sustainability plan for submission to the national injection safety groups and international donors and partners.

### 2.5. Technical support

Orientation meeting in Uganda

The project Orientation Meeting was held in Entebbe, Uganda April 28-30, 2004. Project staff from 10 project countries attended this meeting, as well as representatives from other USAID-funded country programs in Namibia and Zambia. A team of staff from JSI, the Academy for Educational Development, the Program for Appropriate Technology in Health and the World Health Organization/Geneva and WHO/AFRO facilitated the meeting. During the first day, facilitators presented the major components of the SIGN approach in order to orient project staff to the issues surrounding injection safety and safe health care waste management. The second and third days of the workshop included intensive sessions devoted to individual country work plan development. Much progress was made in each country team towards developing a provisional Country Strategic Plan (CSP) and country work plan. A discussion of the potential for south-to-south collaboration was held on the third day of the workshop, and all parties agreed that this project presents a unique opportunity to foster relationships and cross-country sharing of experiences and expertise. It was decided that the project will seek to create opportunity for this type of collaboration. For a full summary of the events of the Orientation Meeting, please see the Entebbe Meeting Report.

Technical visits to countries

Recently, JSI's staff traveled to each project country to meet key partners including USAID, WHO and others and introduce the project. Additional trips will be organized on an as needed basis to support the countries and respond to particular needs. In addition, JSI has undertaken to facilitate South-to-South exchange by organizing trips among the participating countries. Additionally, we will support key national staff to make presentations at the next SIGN meeting in Cape Town (South Africa) in October to stimulate greater interest in safe injection issues and to share the successes of the various country teams.

## II. MONITORING AND EVALUATION

A part time staff person (Ms Karen Van Roekel) has recently been hired to oversee the monitoring and evaluation issues for the project. Monitoring and evaluation data will be drawn from both quantitative and qualitative research information gathered prior to and during this project.

An important part of the monitoring and evaluation function will be the systematic identification and dissemination of lessons learned, enabling the project to quickly incorporate assessment results and modify program interventions as needed to ensure optimal efficiency and best use of resources. As mentioned above, these lessons learned will be shared with the broader injection safety community at the SIGN meeting in South Africa in October. In each country, at the end of project, the final documents will be disseminated and a national workshop will be convened to build consensus on future directions and obtain support from national government and the international community for continued investment in injection safety.

## III. MANAGEMENT OF THE PROJECT

JSI has identified experienced public health physicians to lead in-country teams that will be supported through headquarters-based leadership to provide technical guidance and to collaborate with USAID, CDC, WHO, SIGN and other leading safety injection organizations and ensure technology transfer to the country level.

**Country directors:**
JSI has identified experienced and respected host country directors with medical training to facilitate development of in-country capacity in injection safety. They are:

- Nigeria: Abimbola Sowande, MD, MPH
- Uganda: Victoria Masembe, MD, MPH
- Ethiopia: Fahmi Mohamed Ahmed, MD, MPH
- Mozambique: Arturo Sanabria, MD, MPH

- **Other In-country staff**: These include:

- Logistics and waste management advisor
- Communication and Behavioral Change Advisor
- Administrative and Financial Assistant

**Short-term Technical Assistance:**
JSI, PATH, AED and Manoff provide external assistance in behavior change and communication (Manoff & AED) and procurement and waste management (PATH). In addition to providing technical assistance via acutal visits to the various countries, JSI, PATH and AED provide technical assistance in the form of email and telephone communications, providing feedback on policy and other documents, assessment tools, etc. Following the orientation meeting in Uganda, the WHO regional office and in-country staff are available for support. Other STTA are available and will be used when needed.

**Management Plan**
The country directors are responsible for the implementation of the project at country level. They received clear directions to work closely with other partners to ensure that the country plans reflect a consensus among stakeholders.
The work plan (to be reviewed and updated monthly) will contain targets, budgets and responsibilities and will be utilized to assess progress toward achievement of results. Given the

short duration of the project, it is imperative that project teams share a common vision of the project, and have all the necessary skills to perform the job. Team members have both the experience and up-to-date knowledge and skills in order to work quickly, effectively and with the credibility needed to earn the respect of all stakeholders. JSI organized the meeting in Uganda to orient and train in-country staff to build the necessary technical and collaborative skills.

Supervisory Structure and Relations with Subcontractors:
The country directors are responsible for the project success at national level. They work directly with partners to resolve any issues and report directly to the Project Director at the JSI project headquarters in Washington, DC. Each country is backstopped by a Country Team Liaison (CTL) who facilitates the day-to-day management and coordination with the Country Director. This day-to-day management includes workplan and budget monitoring, scheduling of technical assistance, coordination of south-to-south opportunities, and other communications with country offices and the headquarters operation.

Although JSI is responsible for the overall technical leadership of the project, PATH and AED are intimately associated with all the decision-making processes regarding the supervision and backstopping of the countries. AED is responsible for the BCC supervision and PATH is responsible for the procurement of commodities and the development of waste management plans.

Home Office Support**:**
In Washington, the project is led by two full time staff (Dr. Jules Millogo and Ms Vanessa Cesarz).
Part-time staff that reinforce this team and provide support to country programs and headquarters functions include:

- The administrative and financial management (Ms Andra Sawyer, Mr. Dwayne Milbrand and Ms Asifa Sabir)
- The technical backstopping of each country (Mr. John Durgavich - Nigeria - and Ms Paula Nersesian - Mozambique.)
- Other part-time staff on an as needed basis (Mr. Don Douglas - Ethiopia)

Relation with other partners:

The country directors help in each country to coordinate the Injection Safety Group that comprises key partners that have a stake in injection safety and health care waste management issues. In each of the four countries, WHO, USAID, CDC and others have been briefed about the project. Most of these partners have representatives on the injection safety task force. At international level, JSI established a close work relationship with WHO African Regional office and Headquarters. Through bi-weekly phone conferences, JSI and WHO discuss follow-up issues, future plans and coordination strategy with Dr. Modibo Dicko, Dr. Evelyn Isaacs (WHO/AFRO), Dr. Dina Pfeifer, and Mr. Yves Chartier (WHO/Geneva).

## IV. PROCUREMENT OF COMMODITIES

1) Overall:
To support the increased availability of safe injection commodities used in curative services, as well as safe disposal of the same, the project will procure and distribute bulk commodities. The procurement plan will include syringe commodities, safety boxes, and needle cutters. All countries' supply needs are consolidated into a single international tender, including outbound transportation. Small quantities of other supplies, such as cotton wool, disinfectants, and antiseptics will be purchased locally, within each of the countries. Also, local transportation, and other miscellaneous services will be procured locally. International procurement is managed under a subcontract to PATH. In country JSI offices will perform local procurement for gloves, disinfectants and other products available on the local market as determined by the country program.

The process for the bulk commodities will follow PATH's policies for international competitive procurement, including an open tender process. Details of the steps are outlined below, beginning with a schedule for the bulk procurement.

2) Tender Schedule:
The tender schedule will follow the dates outlined below. The schedule is not intended to be exact, and the final schedule will depend on availability of product at the international manufacturing level. Informal review of the current inventory and product pipeline suggests that the demand may exceed current inventories. Due to the urgency of the need for commodities, the shipping schedule may move in two phases for certain countries. In such cases, a small percentage (up to 25% for phase one) of the commodities may be moved via airfreight, with surface freight shipments following.

3) Key dates:

| | |
|---|---|
| Quantification: | May, weeks 1-4 |
| Tender release: | June, week 1 |
| Tender deadline: | June, week 4 |
| Adjudication process: | July, week 2 |
| Order releases: | July, week 2-4 |
| Shipments: | August – September |

4) Tender process:
With multiple countries, there is a strong likelihood that bottlenecking will occur at the manufacturing level if the initial phases of procurement are decentralized. To streamline the process, procurement has been consolidated into a single, international tender for syringe commodities, safety boxes, and needle cutters/pullers.

The tender will be issued in the United States, and will be based on policies of PATH, which comply with USAID requirements and CFR 226.

5) Limited notice:
Due to the urgent timing of the project, the tender notices and all related postings will be posted on a web-site to make the tender as widely available as possible, especially to small and disadvantaged businesses. Also due to timing, the response time issued for the tender will be less than the standard 45 days.

6) Source and origin:
The country code for the project has been indicated as 935. Commodities will be procured from eligible countries. It is anticipated that non-US countries within he 935 source origin code will be needed to meet the large demand.

7) Transportation:
Commodities will be consolidated for shipment to the extent practical and to the extent that it reduces overall freight costs. U.S. flagged carriers for air and ocean freight will be used for to the degree possible. Exceptions from the use of US carriers will comply with USAID requirements for the use of non-US carriers.

8) Costs:
The attached data shows estimates for commodities and freight costs. The total estimated cost for commodities is $1,070,198.00. The total estimated for freight is $285,173.00. Local supplies and transportation can be estimated to be approximately 5% of the bulk procurement cost. All numbers are best estimates at this point, and are subject to change based on the results of the tender. Details of costs are included as attachments.

9) Potential Respondents:
Manufacturers and distributors of product who have to date expressed their intent to respond to the tender include: Becton Dickinson (US, Spain, Singapore); Tyko (US); Hindustan (India); Emmunio (Denmark); Univec (US and multiple other countries); Pa-Hu Oy (Finland); PolyNor (Norway); RTI (US and China).

## II. COUNTRY UPDATES

**Ethiopia**:

Making Medical Injections Safer shares office space and administrative support with JSI's ESHE project. Country Director Fahmi Mohammad has recently been joined by Fekadu Abebe, Logistics and Waste Management Advisor, Fikru Kebebew, Behavior Change and Communication Advisor and Zewdie Zergaw, financial and administrative assistant.

Tom Park, Senior Technical Advisor, visited Ethiopia May 17-28 to conduct the technical startup visit, meet with USAID, CDC Ministry of Health and other stakeholders to introduce the project and initiate the discussions surrounding policy and action plan development. The MOH Ethiopia has decided to treat injection safety within the larger framework of infection prevention and control, and is in the process of drafting guidelines for infection prevention. During Tom's visit he worked with Country Director Fahmi Mohammad to develop the injection safety section of

the draft national infection control policy, which was shared and distributed at a MOH consensus workshop May 26-28. At this workshop, a new chapter was added to the infection prevention guidelines devoted to injection safety. In addition, a working group was identified to follow the implementation process.

Since the most recent nation-wide Tool C assessment was conducted in 2000, Ethiopia has opted to conduct a 'mini-Tool C' assessment, incorporating elements of behavior change into the assessment. During the weeks of May 24 to June 5, Fahmi has been adapting the assessment tool and identifying the research team from Addis Ababa University that will assess injection practices in the selected woredas: Adaa-liben, Adame Tulu, Dale and Sodo Zuira. The protocols will be finalized and preparation for the fieldwork will be done during the week of June 21st. Academy for Educational Development consultant Nancy Keith will be travelling to Ethiopia for two weeks (June 21-July 3) to assist with pretesting the behavior change aspects of the assessment tool and orientation of researchers in this area. We are working with WHO/Ethiopia to coordinate efforts and possibly collaborate in the collection of the Tool C quantitative data. This collaboration is still being negotiated at this time. Fahmi retained the services of a local consultant to conduct the supply management and waste management assessment and mapping exercise. The data collected during this assessment is being analyzed and the report will be used to plan waste management activities.

**Mozambique**:

Staffing of the Mozambique Making Medical Injections Safer (MMIS) project is complete with Country Director Arturo Sanabria, BCC Advisor Regina Duarte, and Logistics & Waste Management Advisor Manuel "Peccos" Matosse. MMIS is sharing office space and administrative staff with the JSI/DELIVER project in Maputo. Transfer of USAID-funded equipment and a vehicle from previous projects is in progress. JSI is currently registered in Mozambique only through the end of the current JSI/DELIVER project. Given the tight time constraints of this project, Dr. Sanabria is exploring registration of the current MMIS project within the MOH, possibly associated with the EPI division, in order to be able to clear the donated commodities through customs without duty. This exception is being pursued because registration typically takes a year to finalize and the commodities are expected to be delivered in September.

In April, UNICEF and the MOH implemented a Tool C assessment and Dr. Sanabria was able to collaborate with UNICEF as part of the assessment team. Preliminary results are reported in the MMIS Country Strategic Plan, but the official report from the assessment are undergoing final revisions and are not yet available for distribution from UNICEF and the MOH. Dr. Sanabria and his team have been meeting with key stakeholders including MOH, USAID, CDC, UNICEF and WHO and are working out their respective roles in relation to injection safety. In particular, Karen Shelley and other USAID in-country staff have been very supportive of the project. The IS efforts will be taking place within the framework of the biosecurity/infection prevention and control effort in Mozambique. In addition to the Country Strategic Plan, a discussion paper has been drafted and is currently under review and revision in preparation for presentation at a meeting July 1st. Generally, the paper outlines the current injection safety situation in

Mozambique, identifies the priority activities, and lays out a plan for the project for both this period of performance as well as for the follow-on.

Training on the elements of biosecurity is being conducted by JHPIEGO and the Mozambique team is working with them to incorporate appropriate injection safety elements into the curriculum. In addition, a larger training planning exercise related specifically to injection safety will be undertaken following the behavior change assessment.

The initial implementation sites have been identified in the following provinces: Gaza (Xai-Xai City), Zambezia (Quelimane district), Nampula (Nampula City), and Maputo (Mavalane district). Dr. Sanabria, recently visited all project sites to secure buy-in by provincial level officials with success.

Commodity needs have been estimated for the initial sites and details regarding importation of the products are currently being addressed. Dr. Sanabria is working with the lead officer in the MOH for supply management to bring the products into the country through their existing mechanisms and JSI/DC is following up with collection of necessary data to support this effort.

A plan for immediate technical assistance needs has been developed and will begin shortly. Paula Nersesian, the headquarters-based technical point person for Mozambique, will be travelling to the country in early July to continue stakeholder meetings, visit implementation sites and assist with the policy development process. A BCC assessment is planned for this summer and the Manoff Group's Mike Favin will visit July 1-9 to work with Regina Duarte, BCC Advisor, to assist with the preparation for the assessment and also the draft BCC strategy. PATH's Jessica Fleming and their consultant Terry Hart will be in Mozambique from o/a July 8-20 to assess current waste management practices and infrastructure, identify waste management options for the MOH to consider, and develop a draft waste management plan for this initial project and the long-term. Bernardo Uribe, JSI logistics advisor, will be in Mozambique July 1-20 to assess current supply management capacity and systems for safe injection commodities. He will also provide support to ensure that preparations are made for initial importation of the commodities, customs clearance, and initial storage, for example.

**Nigeria**:

MMIS staff in Nigeria has been on board from the Orientation Meeting in Uganda. USAID/Nigeria has requested that the office location be in Abuja, and JSI has secured office space in Abuja with another USAID collaborating agency, CEDPA. All of the staff recruited for this project are from Lagos. JSI proposed the compromise that the Logistics & Waste Management Advisor and the Administrative and Financial Manager be based in the Abuja office, and the other two staff members travel to Abuja as necessary through the very short timeframe of the current contract. Should there be a follow-on or extension of the current contract, all staff would relocate to the Abuja office. The LWM advisor and admin position will be based in Abuja, while the other staff will remain in Lagos for this initial phase of the IS effort.

Since the meeting in Uganda, Dr. Abimbola Sowande and the Nigeria team have been meeting with the various stakeholders to build consensus around the process for developing national

injection safety and waste management policies and plans. The Federal Ministry of Health, WHO/Nigeria, UNICEF and other partners have been identified and meetings have taken place to solidify support for the project. Stakeholders' meeting set to take place on June 9th had to be postponed because of a social unrest. The initial implementation areas have been selected and include Ajeromi Ifelodun, Badagry, Taruani, and Gwagwalada.

The Nigeria team will be spearheading the effort to conduct the Tool C assessment in the selected districts. Negotiations are currently underway to work with WHO/Nigeria and the FMOH to arrange for research teams and to adapt the tool and we are trying to organize a joint mission with WHO/Geneva for assistance for the assessment. Dr. Sowande has identified key contact people for the assessment at both the FMOH and WHO/Nigeria. The assessment is scheduled for July.

Audrey Seger-Sprain, Admin and Finance Specialist for JSI will be travelling to Nigeria the week of June 21 for orientation of Nigeria administrative and finance staff and to assist with office startup and other administrative details. John Durgavich is planning to travel to Nigeria in July to assist with procurement and supply management assessments. A WHO consultant is being identified to assist with the implementation of the Tool C assessment, and it is hoped that John's visit will overlap with the assessment work.

**Uganda**:

The Uganda MMIS project is far ahead of its counterparts in implementation of the strategy, as they had conducted the assessment, formed the injection safety task force and developed the national injection safety and waste management policy and action plan prior to the project orientation meeting in Entebbe. The project is headquartered in Nakawa House; sharing space and administrative resources with two of JSI's other projects AIM and UPHOLD. At the advent of the contract, several meetings took place to share information and plan activities. AIM and UPHOLD have provided administrative and logistical support to our project, which has allowed for a smooth start-up and implementation. Country Director Victoria Masembe, along with L/WM Advisor Patrick Isingoma and BCC Advisor Richard Okwii have been working together since well before the Orientation Meeting, and have made much progress toward their workplan.

Stakeholder support is widespread and the key element in the successes to date of the Uganda MMIS project. Partners include the Ministry of Health, USAID, CDC, WHO/Uganda, JSI's DELIVER, AIM and UPHOLD projects, UNICEF and the US Ambassador to Uganda. The project team met with the Ambassador directly after the Orientation Meeting in Entebbe, and was encouraged by the Ambassador's enthusiastic response.

Since March, Uganda has developed a detailed implementation plan for the four-implementation districts (Nebbi, Mbarara, Mpigi, Pallisa) and has completed a training of central level trainers in improved safe injection and waste management practices. A facilitator's guide was developed and the manual on standards for injection safety and waste management was finalized. Training at lower level health facilities will continue when results of the BCC assessment are available in preparation for the arrival of the safe injection commodities. Richard Okwii has adapted SIGN's BCC assessment tool for use in Uganda and the assessment was completed in four of eight

targeted districts. The adapted tool has been shared with other MMIS project countries as a model for adaptation to other country environments. The qualitative data is currently being analyzed and training materials will be refined based on the results of this analysis.

The procurement assessment was conducted in May and we are reviewing the report from PATH's Lisa Hedman, which identifies areas needing further strengthening to ensure that commodities arrive in country and are ready for distribution as soon as possible. Draft waste management plans have been developed and are under revision by the MOH and the UNISTAF. An assessment of supply management was conducted in the four-implementation districts, and will be completed once the assessment of the lower level health units is complete. A report of this assessment is forthcoming. In addition, in lieu of developing a new logistics manual specifically for MMIS pilot sites, a manual on commodity logistics management being developed by the MOH was improved on and finalized.

# Global Health Bureau (GH) Portfolio Review

**Project Title/Activity:** Preventing the Medical Transmission of HIV: Reducing Unsafe and Unnecessary Injections in Selected Countries of Africa and the Caribbean

**Project Number:** IQC Contract No. GIS-I-00-03-00026-00

**CTO:** Dr. Glenn Post, Senior Medical Officer, HIV/AIDS Office

## 1. Project Overview

This project, which is commonly referred to as Making Medical Injections Safer (MMIS), was designed to address concern about transmission of HIV and hepatitis B and C through unsafe injections. It is estimated that 5% of new HIV infections globally are attributable to unsafe injections. Patients are potentially at risk through the reuse of unsterile injection devices, providers are at risk through needle stick injuries, and the public is at risk through unsafe disposal of used injection devices.

This project aims to contribute to the PEPFAR goal of preventing new HIV infections and the USAID program objective of reducing HIV transmission and the impact of the HIV/AIDS pandemic in Ethiopia, Mozambique, Nigeria and Uganda.[5] The project seeks to accomplish these objectives by improving the safety of injection administration, reducing the number of injections received per person, and strengthening the disposal mechanisms for used injection equipment. The major lines of work encompass behavior change and communications targeting health workers and the community, procurement and logistics of injection equipment, and sharps waste management.

The project was awarded February 26, 2004. The accomplishments listed below cover the period from project award through June 30, 2004. The expected accomplishments cover the period until the end of this project on January 31, 2005.

### 2. Results and Accomplishments

In the initial four months of this project, offices were opened in all four countries. The project actively sought to recruit host country nationals whenever possible for leadership roles as country directors and BCC and logistics/waste management advisors. Each country sent representatives to an initial orientation meeting in Uganda in April 2004, at which time strategic plans were drafted. JSI/MMIS country teams then began literature reviews of existing information on injection safety, made preparations for baseline assessments as needed, worked with counterparts to select initial intervention areas, and collected the information needed to procure safe injection commodities. Furthermore, the JSI/MMIS staff were instrumental in

[5] The project works in seven additional PEPFAR countries on a contract from CDC.

building consensus for national injection safety committees in all countries and in advocating with WHO to encourage their collaboration with local MOHs to raise the profile of injection safety against competing priorities in Ethiopia and Uganda. Table 1 below presents more detailed information on these accomplishments. Table 2 presents some constraints the project faces.

## Table 1: SO4 Specific Accomplishments

| EOP Objective (and Related OHA IR) | Accomplishments in the reporting period (Feb. – June 2004) | Expected accomplishments through Jan. 26, 2005 |
|---|---|---|
| 1. Baseline assessment conducted and findings disseminated [6]<br><br>(IRs 4.3, 4.5, 4.6) | • Baseline data collection was completed in Mozambique in April and the findings were disseminated.<br>• Baseline data collection was completed in Ethiopia in June.<br>• Planning for the baseline took place in Nigeria. | • The Nigeria baseline will be conducted in July-August 2004.<br>• Data from the baselines in Ethiopia and Nigeria will be analyzed and disseminated. |
| 2. Discussion paper (country strategic plan) with action points<br><br>(IR 4.3, 4.6) | • All four countries drafted a country strategic plan in April and have worked with their respective Ministries of Health and in-country partners to build consensus on the plans. | • Ethiopia plans to further enrich its plan at a November 2004 workshop.<br>• Mozambique is expanding this work to create a waste management discussion paper as well as the general injection safety one.<br>• Nigeria plans to continue using the strategy paper as an advocacy document with potential new partners. |
| 3. National injection safety group established<br><br>(IR 4.3, 4.4, 4.6) | • All four countries have a functioning national committee.<br>• In Ethiopia, the Injection Safety Task Force was broadened from an initial EPI focus to include curative services. The National HIV/AIDS Prevention and Control Office is a member of the force.<br>• In Mozambique, a technical group of MOH and MMIS staff focuses on injection safety within a broader Task Force for Infection Control and Prevention.<br>• In Nigeria, the Safe Injection Coordinating Committee was established in May with the National AIDS and STI Control Program of the MOH at the helm.<br>• In Uganda, NGOs as well as the MOH and international organizations are active members of Uganda National Injection Safety Force. This group is a model for other countries building a committee. | • In all four countries, MMIS staff will continue to be closely involved in the national committees, and they will work to ensure that the task forces continue to meet regularly and to report out to other organizations like the national AIDS councils.<br>• In all four countries, MMIS staff will work with the national groups to draft national injection safety plans by December 2004. |

[6] Uganda had completed an assessment in 2003, so no additional data collection was required in this country.

| | | |
|---|---|---|
| 4. Health care workers trained in safer medical practices, including injection safety and interpersonal communication<br><br>(IR 4.1, 4.6) | • Training materials have been prepared.<br>• In Mozambique, the curriculum is being incorporated into the larger biosecurity training. 2 regional teams consisting of 27 trainers were trained in June 2004.<br>• In Uganda, 35 central-level trainers were trained by May 2004. | • In Mozambique, 300 health workers are scheduled to be trained by Oct. 2004 in injection safety and inter-personal communications. 250 janitors will be trained in waste management by Dec.<br>• In Uganda, 85 district-level and over 1700 lower-level health workers will be trained in injection safety.<br>• In Ethiopia, 37 trainers are scheduled to be trained in September and 400 health workers will be trained by Dec. 2004.<br>• In Nigeria, 8 trainers are scheduled to be trained in October, followed by about 320 health workers in November. |
| 5. Safe injection commodities procured<br><br>(IR 4.2) | • Assessments in the intervention districts and negotiations with the MOH of each project country informed the projections used for procurement of disposable needles and syringes and safety boxes. | • In Ethiopia, 1.6 million syringes and over 25,600 safety boxes will be procured to cover the needs of the 53 health facilities in the 4 initial areas.<br>• In Mozambique, 1.3 million syringes and over 13,200 safety boxes will be procured for the 38 health units in the 4 initial implementation areas.<br>• In Nigeria, nearly 2.8 million syringes and almost 29,000 safety boxes are being procured to cover 241 facilities.<br>• In Uganda, the project's contribution of 3.9 million syringes is being leveraged with local funds to a total of 4.6 million syringes. Along with the 39,300 safety boxes, this will amply cover the 289 facilities in the 4 initial areas. |
| 6. Health care facilities with a health care waste management plan<br><br>(IR 4.2, 4.6) | • In all countries, plans have been made for waste management assessments.<br>• In Ethiopia, a local consultant was hired to conduct a waste management assessment. | • The findings of the assessment in Ethiopia will be shared with stakeholders in July and waste management plans for each of the 53 facilities in the intervention areas will be developed.<br>• In Mozambique, an assessment will be completed in July, and a discussion paper will be written. By October, all 38 facilities in the intervention areas will have a draft waste management plan.<br>• In Nigeria, an assessment is planned for October 2004 in 2 of the 4 LGAs. The findings of this report will serve to develop waste management plans for the 3 large hospitals in these areas.<br>• In Uganda, district-level plans will be developed that reflect the needs of each level of the system. Individual facilities will adapt these generic plans to their specific needs. |

| | | |
|---|---|---|
| 7. Local field-tested and national-level advocacy strategies and BCC materials<br><br>(IR 4.1, 4.6) | • In all countries, BCC assessments have been planned.<br>• In Uganda, BCC data were collected in the 4 target districts in June. | • In Uganda, the data collected in June will be analyzed at a July stakeholders' workshop.<br>• In Ethiopia, Mozambique and Nigeria, BCC data will be collected in July.<br>• Uganda and Ethiopia are scheduled to participate in a regional workshop in Kenya in August to develop the BCC strategy based on these assessments.<br>• Nigeria will participate in a regional workshop in South Africa in September.<br>• Mozambique will receive technical assistance in country to develop its strategy.<br>• In all four countries, BCC materials will be drafted and field tested before the end of this project.<br>• In all four countries, a national advocacy strategy will be drafted by Jan. 2005. |

## Table 2: Implementation issues/constraints

| Objective | Major Issues/Constraints | Suggested Resolution |
|---|---|---|
| 1. Safe injection commodities procured | • Three major constraints in the procurement of safe injection devices are (1) the short time span of this project, (2) the lack of data on consumption of syringes and safety boxes, and (3) lack of funding to support scaling up this project. Since the availability of disposable syringes is a key component of the expected behavior change among injection providers, this constraint has broad implications for the overall success of this project. | 1. To mitigate the time constraint, the project plans to ship about 10% of the procurement by air so that the countries can receive the new disposable injection devices and proceed with training and project implementation with the remainder to be sent by sea.<br>2. The issue of lack of data for forecasting will be addressed by designing a logistics management information system (LMIS) to collect consumption data and by building skills of local counterparts in logistics / supply management.<br>3. The funding for this project is sufficient to cover only the initial implementation areas. The project will work to leverage additional funds from other partners as the case in Uganda shows, but this constraint should also be taken into account in planning scale up of follow on projects building off this initial 11-month project. |
| 2. Sustainability of the project's accomplishments | • Funding for this project is currently scheduled to end in Jan. 2005. Although the project has been told there will be a "with-cost" extension, this extension is not yet in place, and there is a possibility of a break between this project and the next. | 1. The resolution of this issue would be completion of the cost extension contract between USAID and JSI prior to the closing of this project. |
| 3. Communications | • Due to sensitive negotiations between USAID and the Nigerian federal MOH in Oct, all USAID contractors working in AIDS control were instructed not to communicate directly with the FMOH. | 2. The project is following these instructions to route all communications through USAID. Future meetings involving MOH staff will be coordinated through USAID as long as this directive is in place. |

**Injection Safety**
**Country Updates 1**

**Ethiopia**:

Making Medical Injections Safer shares office space and administrative support with JSI's ESHE project. Tom Park, Senior Technical Advisor, visited Ethiopia May 17-28 to conduct the technical startup visit, meet with USAID, CDC Ministry of Health and other stakeholders to introduce the project and initiate the discussions surrounding policy and action plan development. The MOH Ethiopia has decided to treat injection safety within the larger framework of infection prevention and control, and is in the process of drafting guidelines for infection prevention. During Tom's visit he worked with Country Director Fahmi Mohammad to develop the injection safety section of the draft national infection control policy, which was shared and distributed at a MOH consensus workshop May 26-28. At this workshop, a new chapter was added to the infection prevention guidelines devoted to injection safety. In addition, a working group was identified to follow the implementation process.

Since the most recent nation-wide Tool C assessment was conducted in 2000, Ethiopia has opted to conduct a 'mini-Tool C' assessment, incorporating elements of behavior change into the assessment. During the weeks of May 24 to June 5, Fahmi has been adapting the assessment tool and identifying the research team from Addis Ababa University that will assess injection practices in the selected woredas: Adaa, Adame Tulu, Dale and Sodo Zuira. The protocols will be finalized and preparation for the fieldwork will be done during the week of June 21st. Academy for Educational Development consultant Nancy Keith will be travelling to Ethiopia for two weeks (June 21-July 3) to assist with pretesting the behavior change aspects of the assessment tool and orientation of researchers in this area. We are working with WHO/Ethiopia to coordinate efforts and possibly collaborate in the collection of the Tool C quantitative data. This collaboration is still being negotiated at this time.

**Mozambique**:

The Mozambique Making Medical Injections Safer project staffing up is complete, with Country Director Arturo Sanabria, BCC Advisor Regina Duarte, and Logistics & Waste Management Advisor Manuel "Peccos" Matosse. MMIS is sharing office space and administrative staff with the DELIVER project in Maputo. Transfer of USAID-funded equipment and vehicle from previous projects is in progress.

In April, UNICEF managed the implementation of the Tool C assessment and Arturo was able to collaborate with UNICEF as part of the assessment team. Preliminary results are reported in the MMIS Country Strategic Plan, but the official report from the assessment are undergoing final revisions and are not yet available for distribution from UNICEF and MOH. Arturo and his team have been meeting with key stakeholders including USAID, CDC, UNICEF and WHO. In particular, Karen Shelley and other USAID in-country staff have been very supportive of the project. The IS efforts will be taking place within the framework of the biosecurity/infection

prevention and control effort in Mozambique. A large training on the elements of biosecurity is being conducted by JHPIEGO - the Mozambique team is working with them to incorporate appropriate injection safety elements into the curriculum.

Nampula, Quelimane, Xai-Xai towns and Mavalane district in Maputo have been identified as initial implementation sites, and Arturo Sanabria, Country Director, visited all project sites to secure buy-in by provincial level officials. Paula Nersesian, the CTL for Mozambique, will be travelling to the country in early July to continue stakeholder meetings, visit implementation sites and assist with the policy development process. A BCC assessment is planned for this month with a TA visit by Manoff's Mike Favin July 1-9 to assist with the preparation for the assessment and also to draft the BCC strategy. PATH staff Jessica Fleming and consultant Terry Hart will be in Mozambique from July 1-20 to assess current waste management practices and infrastructure and to develop a draft waste management plan for the initial period and a long-term plan. Bernardo Uribe, JSI logistics advisor, will be in Mozambique July 1-20 to assess current supply management capacity and systems for safe injection commodities. He will also provide support to ensure that preparations are made for initial importation of the commodities, customs clearance, initial storage, etc.

**Nigeria**:

MMIS staff in Nigeria have been on board from the Orientation Meeting in Uganda. USAID/Nigeria has requested that the office location be in Abuja, and JSI has secured office space in Abuja with another USAID collaborating agency, CEDPA. All of the staff recruited for this project are from Lagos, so JSI proposed the compromise that the Logistics & Waste Management Advisor and the Administrative and Financial Manager be based in the Abuja office, and the other two staff members travel to Abuja as necessary through the very short timeframe of the current contract. Should there be a follow-on or extension of the current contract, all staff would relocate to the Abuja office. The LWM advisor and admin position will be based in Abuja, while the other staff will remain in Lagos for this initial phase of the IS effort.

Since the meeting in Uganda, Dr. Abimbola Sowande and the Nigeria team have been meeting with the various stakeholders to build consensus around the process for developing national injection safety and waste management policies and plans. The Federal Ministry of Health, WHO/Nigeria, UNICEF and other partners have been identified and meetings have taken place to solidify support for the project. The initial implementation areas have been selected and include Ajeromi Ifelodun, Badagry, Taruani, and Gwagwalada.

The Nigeria team will be spearheading the effort to conduct the Tool C assessment in the selected districts. Negotiations are currently underway to work with WHO/Nigeria and the FMOH to arrange for research teams and to adapt the tool and we are trying to organize a joint mission with WHO/Geneva for assistance for the assessment. Dr. Sowande has identified key contact people for the assessment at both the FMOH and WHO/Nigeria. The assessment is scheduled for July.

Audrey Seger-Sprain, Admin and Finance Specialist for JSI will be travelling to Nigeria the week of June 21 for orientation of Nigeria administrative and finance staff and to assist with

office startup and other administrative details. John Durgavich is planning to travel to Nigeria in July to assist with procurement and supply management assessments. A WHO consultant is being identified to assist with the implementation of the Tool C assessment, and it is hoped that John's visit will overlap with the assessment work.

**Uganda**:

The Uganda MMIS project is far ahead of its counterparts in implementation of the strategy, as they had conducted the assessment, formed the injection safety task force and developed the national injection safety and waste management policy and action plan prior to the project orientation meeting in Entebbe. The project is headquartered in Nakawa House; sharing space and administrative resources with two of JSI's other projects AIM and UPHOLD. At the advent of the contract, several meetings took place to share information and plan activities. AIM and UPHOLD have provided administrative and logistical support to our project, which has allowed for a smooth start-up and implementation. Country Director Victoria Masembe, along with L/WM Advisor Patrick Isingoma and BCC Advisor Richard Okwii have been working together since well before the Orientation Meeting, and have made much progress toward their workplan.

Stakeholder support is widespread and the key element in the successes to date of the Uganda MMIS project. Partners include the Ministry of Health, USAID, CDC, WHO/Uganda, JSI's DELIVER, AIM and UPHOLD projects, UNICEF and the US Ambassador to Uganda. The project team met with the Ambassador directly after the Orientation Meeting in Entebbe, and was encouraged by the Ambassador's enthusiastic response.

Since March, Uganda has developed a detailed implementation plan for the four implementation districts (Nebbi, Mbarara, Mpigi, Pallisa) and has completed a training of central level trainers in improved safe injection and waste management practices. A facilitator's guide was developed and the manual on standards for injection safety and waste management was finalized. Training at lower level health facilities will continue when results of the BCC assessment are available in preparation for the arrival of the safe injection commodities. Richard Okwii has adapted SIGN's BCC assessment tool for use in Uganda and the assessment was completed in four of eight targeted districts. The adapted tool has been shared with other MMIS project countries as a model for adaptation to other country environments. The qualitative data is currently being analyzed and training materials will be refined based on the results of this analysis.

The procurement assessment was conducted in May and we are reviewing the report from PATH's Lisa Hedman, which identifies areas needing further strengthening to ensure that commodities arrive in country and are ready for distribution as soon as possible. Draft waste management plans have been developed and are under revision by the MOH and the UNISTAF. An assessment of supply management was conducted in the four implementation districts, and will be completed once the assessment of the lower level health units is complete. A report of this assessment is forthcoming. In addition, in lieu of developing a new logistics manual specifically for MMIS pilot sites, a manual on commodity logistics management being developed by the MOH was improved on and finalized.

## Injection Safety Country Updates - 2
## May 20, 2004

With the exception of South Africa and Rwanda, all countries have discussed their draft country strategic plan and their workplan with the Ministry of health and in-country partners. All countries have established or set the stage for a Task Force/Committee that includes injection safety and health care waste management. In most countries the committee is an "Infection Prevention" committee. At this stage, only 3 countries (South Africa, Haiti and Nigeria) need an assessment of injection practices. Other countries have done an assessment in recent years or months and do not need urgently another assessment. Most countries have selected the districts where the project will be implemented. Following our recommendations, the selection took into account the presence of other USAID or CDC interventions. Countries are completing procurement information but at this stage, we have all the information on the quantities needed. The missions conducted by JSI helped to reinforce the buy in by partners in countries. Individual country updates follow:

**Botswana**: Paula and Andra have just returned from Botswana. The remaining staff are being hired and we anticipate that most will begin work on or about June 1st. Local consultants are being identified to assist with activities such as assessments and training as needed. Styn Jamu, Country Director, and Paula Nersesian met with Ambassador Huggins, key MOH staff, the CDC Country Director Peter Kilmarx, and other local stakeholders to present the project. Buy-in was successful with all partners met. Although a meeting with the WHO Representative was scheduled, she was unanticipatedly called off to a meeting in Malawi. The meeting is being rescheduled. Ambassador Huggins plans to incorporate an announcement of the project into an upcoming speech and the Embassy plans to do a press release and announcement of the project in the coming months. The workplan is in good shape and follows the general guidelines presented in the original proposal; they are currently awaiting final approval from JSI/DC. It is not clear whether Botswana will or will not receive commodities. US Government officials feel it is not necessary, but the MOH official was interested in a trial of AD syringes.

**Côte d'Ivoire**: Ngbichi has worked on the formation of the IS committee and is compiling the list of members and developing the terms of reference for the committee. They have selected districts and this selection is being approved by the MOH. Two visits are tentatively planned for June, one to assist with program planning and implementation and the other to provide administrative support. Workplan and budget are being reviewed by JSI/DC.

**Ethiopia**: Tom Park is in Ethiopia now. The MOH Ethiopia has decided to treat injection safety within the larger framework of infection prevention and control, and is in the process of drafting guidelines for infection prevention. Our team has been working to incorporate the essential injection safety elements into this broader policy, and we have sent our comments and additions to the Ministry. MOH consensus workshop is taking place May 26-28. Fahmi Mohammad, the Country Director, is currently in the field conducting the rapid assessment of injection practices.

**Haiti**: Gerald is working to organize the application of Tool C, as this assessment has never been conducted in Haiti. A local consultant with extensive experience has been secured, and plans are underway to implement the study and establish the national committee.

**Kenya**: Districts, waste management approaches and commodities have been selected and plans are set for the stakeholders meeting in the next few weeks. Collaborators from MOH, WHO, UNICEF, DELIVER and others have been brought together and the workplan is awaiting final approval from JSI/DC. The BCC assessment tool is being revised to meet Kenya-specific needs, and the supply chain/waste management assessment is underway.

**Mozambique**: The assessment is complete and dissemination of the results will take place through the safe injection task force that is currently being formed. Buy-in by key stakeholders has been successful and Karen Shelly, USAID in-country staff is very supportive of the project. The IS efforts will be taking place within the framework of the biosecurity effort in MZ. Training is being conducted by JHPIEGO - the MZ team is working with them to incorporate appropriate IS elements. Initial sites have been identified and Arturo Sanabria, Country Director, will be visiting all project sites over the next two weeks to secure buy-in by provincial level officials. Local staffing of the project is complete. Transfer of USAID-funded equipment and vehicle from previous projects is underway.

**Nigeria**: Will be conducting Tool C assessment in the selected districts, and we are trying to organize a joint mission with WHO for assistance for the assessment. The LWM advisor and admin position will be based in Abuja, while the other staff will remain in Lagos for this initial phase of the IS effort.

**Rwanda**: Dr. Veronique Mugisha has accepted the project's offer for the Chief of Party position. She will give 30 days notice to her current employer. However, she has been able to begin to collaborate with us immediately under her current employment. The CDC office is handling the collection of CVs for the three remaining positions which were advertised locally - Dr. Mugisha will be responsible for the hiring process with JSI/DC guidance. Dr. Mutombo is set to arrive in Rwanda 5/25 to meet with stakeholders, finalize the workplan, interview candidates for the remaining positions, and facilitate selection of districts.

**South Africa**: Upcoming meeting with NDOH 5/26, with Jules, Wanda and Don Douglas attending for JSI. We received on 5/17/04 a fax sent from CDC/SA to CDC/Atlanta (dated 3/25/04), and based on information contained in this fax, the workplan needs major revisions. During his visit there next week, Jules will work to solidify this plan and establish the support base for continued work in SA.

**Tanzania**: We are completing recruitment for the remaining staff, with all staff to begin work by 6/1. Due to the existence of other Emergency Plan Track 1.5 funds for injection safety awarded to the MOH by CDC, there was a need to streamline these two parallel efforts into one unified workplan for the Ministry. The unified workplan has been agreed to by the MOH contract liaison, Dr. Stella Chale, and also by the CDC/TZ Deputy Director Dr. Yayha Ipuge. Since there was considerable overlap between the two contracts, we have agreed to share the costs of these joint activities, with the MOH contract funding training activities and the JSI

contract funding commodities and policy development activities. The pre-existing TZ IS contract focused on 5 referral hospitals and was more broadly concerned with infection prevention and control, and we have agreed to adopt this focus as well. The workplan and budget are being approved by JSI/DC.

**Uganda**: Uganda who has already an injection safety policy, has already a detailed implementation plan for 4 districts and has completed the training of central level trainers. The procurement assessment was conducted and we await the report from PATH. The districts have been chosen and the commodities and approaches have been decided as well. The BCC assessment tool has been adapted for use in Uganda and the assessment is currently underway. Once results are received, training materials will be refined.